

VANDERBILT  UNIVERSITY  
MEDICAL CENTER

Policy: Vanderbilt Helipad Usage

Policy Number AS 201205-20.09  
Department LifeFlight  
Effective Date April 2012  
Approval Date April 2012  
Supersedes October 2010

**Applicable to**

VUH     Children's Hospital     VMG     VMG Off-site locations     VPH

**Team Members Performing**

All faculty & staff     Faculty & staff providing direct patient care or contact     MD     House Staff     RN     LPN  
 Other: LifeFlight staff

**Lead Author & Content Experts**

Peter Patton, Program Aviation Manager-Nashville, Air Methods Corporation. Reviewed 12/22/2011.

**Specific Education:**     YES     NO

**I. Purpose:**

The purpose of this policy is to describe the requirements and procedures for utilization of Vanderbilt University Hospital (VUH) helipad and the Monroe Carell Jr. Children's Hospital at Vanderbilt (Children's Hospital) helipad.

**II. Policy:**

Any air medical program using the helipad at 36°08'79.00"N 86°48'06.00"W or the Children's Hospital 36°08'52.00"N 86°48'11.00"W helipad follows the specific information in this policy to maintain safe operations while delivering optimal patient care.

**III. Definitions:**

- A. Hot Off-load: Unloading a patient while the rotors are still in motion.
- B. Weather minimums: Weather minimums are reported in ceiling height in feet / visibility in statute miles. For example, 800/2 describes an 800 foot ceiling and 2 miles visibility.
- C. NVG: Night Vision Goggles.

- D. TAWS: Terrain Avoidance Warning System.

#### IV. Specific Information:

- A. Civil air medical programs carry aircraft liability insurance with a limit of liability of \$20,000,000 for each occurrence. The LifeFlight Program Manager is provided a copy of the Certificate of Insurance and is immediately notified in the event of a policy change or cancellation.
- B. Only LifeFlight aircraft may utilize the inner helipad at VUH.
- C. The pilot remains available to relocate the aircraft immediately after off-loading, if it deemed necessary by the Communications Center.
- D. When a U.S. Army Blackhawk helicopter lands on the Skyport at VUH, it may land perpendicular to the inner pad. In this position, the Blackhawk's rotor blades are spinning dangerously low at the location one would enter or exit the helipad using the center metal stairway. This stairway is not used to access the helipad until the Blackhawk is completely shut down.
- E. Communications
  - 1. Vanderbilt LifeFlight's Communication Center is advised by phone or by radio at least 20 minutes prior to landing to request permission to land.
  - 2. All landings and departures are coordinated through the communications center to insure that all pilots are aware of the landing and departure intentions of the other aircraft.
  - 3. Arrivals: Air medical programs contact the LifeFlight Communications Center on radio frequency **VHF air 122.975** at twenty nautical miles from the helipad, at ten nautical miles from the helipad, at five nautical miles from the helipad, and on final to the helipad to insure that the helipad and cranes are secured.
  - 4. Departures: Air medial programs contact the LifeFlight Communications Center on radio frequency VHF air 122.975 prior to departure and at 5 nautical miles from the helipad.

F. Multiple aircraft

1. When the outer pad is occupied and aircraft are inbound, the aircraft on the outer pad may be asked to reposition to Children's Hospital helipad or John Tune airport.
2. When the need for triaging patients exists, Flight Communications makes the triage decision based on information provided by the medical crews of the inbound aircraft. Flight Communication personnel may need to consult with medical control if the proper decision is not evident.
3. If at any time the pilots or medical crew determine it to be unsafe to reposition the aircraft due to time constraints or inability to prepare for departure in time for inbound aircraft, the inbound aircraft may be delayed or diverted elsewhere.
4. Once an aircraft other than LifeFlight checks in with an ETA of 20 minutes or less and both helipads are occupied, Flight Communications informs them that the helipad is currently occupied and they may anticipate being diverted.
5. If a visiting aircraft is required to divert, every effort is made to assist them in picking up their medical crew members. Air medical programs are responsible for arranging ground transportation for their patient(s) if diversion is required.

G. Patient unloading

1. Medical flight crews take responsibility for unloading patient from their helicopter.
2. If unloading assistance or medical assistance is needed, flight crews request assistance through Flight Communications as soon as possible prior to landing.
3. If assistance is requested, as workload allows, flight coordinators assist the flight crew with unloading patients from the aircraft. If workload does not allow a flight coordinator to assist, the coordinator contacts the Emergency Department or other appropriate assistance to respond to the helipad.
4. For Balloon Pump, Level 1 and all intubated patients, unloading assistance should be anticipated for the flight crew as they may not

be able to communicate this need in a timely manner. If the workload of the flight coordinator allows, they provide the assistance. If the flight coordinator is unable to assist, they ensure other appropriate assistance is available.

5. For bariatric patients, the ratio of one person per patient's 100 pounds of weight is used to request assistance for off loading the patient.
6. Hot off-loads are not performed without the expressed permission of the LifeFlight Communications Center. The decision to hot off-load is based on patient care issues, with the safety of ground personnel taking priority. If Vanderbilt LifeFlight staff is not available to assist with the hot-off load, the air medical program performs the hot off load without assistance. Other VUMC staff do not assist.
7. If a visiting aircraft crew requests medical assistance from a Vanderbilt team member or a Vanderbilt team member identifies specific interventions that the patient requires, that Vanderbilt team member assumes primary responsibility for the patient's care. The Vanderbilt medical team member receives report from the transporting service. Although the Vanderbilt team member has assumed primary responsibility for patient care, the transporting service accompanies the patient to the receiving area and give a full beside report whenever possible.
8. There is a transport stretcher with an oxygen cylinder with adequate oxygen for patient transport available to transporting services. Under these stretchers, there is basic resuscitative equipment consisting of a self-inflating resuscitation bag, mask, and suction device (either mechanical or electrical).
9. If additional assistance is needed, specifically request the need for assistance (e.g., airway assistance, lifting assistance), by Vanderbilt personnel.

#### H. Weather conditions

1. Vanderbilt helipads are not be used by visiting, non-Vanderbilt aircraft if the actual weather conditions do not meet these minimums:

Weather Minimums with NVGs or TAWS

	Day	Night
Local Area	800/2	800/3
Cross Country	800/3	1000/3
Weather Minimums without NVGs or TAWS		
	Day	Night
Local Area	800/2	1000/3
Cross Country	800/3	1000/5

2. Wind conditions

- a. All aircraft approaching the Skyport are notified by Flight Communications when sustained winds are 20 knots or higher and when a 15 knot gust spread has recently occurred.
- b. The helipad is closed to any visiting, non-Vanderbilt aircraft when winds are sustained at 35 knots or more and/or there is a 15 knot gust spread.
- c. Any aircraft positioned on the helipad before adverse wind conditions exist are notified by Flight Communications when such conditions develop.
- d. The option to utilize the inner pad at VUH helipad by LifeFlight aircraft during high or gusty wind conditions is at the discretion of the pilot in command of the aircraft.
- e. If any crew member is uncomfortable with any wind speed or gust spread, the crew has the discretion to land at an airport or ground helipad.
- f. Flight Communications notifies the LifeFlight Administrator on Call when adverse wind conditions exist.

I. Revocation of privileges of use

1. Failure to comply with these guidelines results in the immediate revocation of the privileges to use Vanderbilt helipads.
2. If permission to land is denied by the LifeFlight Communications Center, a written report is submitted to the Program Manger before the end of the shift. The Program Director submits this report

along with other supporting documentation to Medical Director, Administrative Director, and General Counsel. The report contains the following elements:

- a. Service involved;
- b. Date and time;
- c. AWOS weather at both KBNA and KJWN airports; and
- d. Visual weather check by using one of the following tower landmarks within a 1 mile radius of VUMC:

Tower	Location	Latitude	Longitude	Elevation (Above ground level)
LifeFlight	Skyport	36°08'33"N	86°48'03"W	168 ft
VUMC MCN	21 <sup>st</sup> Avenue	36°08'41"N	86°48'03"W	168 ft
Metro OEM	Compton Ave	36°07'48"N	86°47'28"W	213 ft
Vanderbilt Plaza	2100 West End	36°09'02"N	86°48'06"W	158 ft
Belmont	Belmont Blvd.	36°08'52"N	86°47'40"W	198 ft
Baptist Hospital	2000 Church St	36°09'15"N	86°48'10"W	155 ft
Mediatel	1101 Edge Hill	36°08'34"N	86°47'12"W	176 ft
Teletouch	612 West Ave	36°15'00"N	86°44'18"W	183 ft
Centennial Medical Ctr	230 25 <sup>th</sup> Ave North	36°08'41"N	86°48'34"W	155 ft

J. Helipad closures

1. When a Vanderbilt helipad is closed, the following are notified:
  - a. Vanderbilt University Hospital Administrative Coordinator;
  - b. Monroe Carell Jr. Children's Hospital at Vanderbilt Administrative Coordinator;
  - c. LifeFlight Administrator On Call; and
  - d. LifeFlight PR Manager.

2. Notifications continue every 12 hours (7a and 7p) while the helipad is closed, and when the helipad is re-opened.
3. Air medical services are directed to utilize an alternate landing area such as another Vanderbilt helipad or airport while the aircraft is out of service.
4. Flight Communications coordinates any medical assistance, patient transport services, ambulance transport or other assistance needed to move a patient to the receiving hospital while a Vanderbilt helipad is out of service.

**V. Approval:**

Jeff Gray, EMT-P  
Communications Manager

August 1, 2011

Jeanne Yeatman, RN, EMT, MBA, MOM  
Program Director, LifeFlight

April 26, 2012

Brent Lemonds, MS, RN, EMT-P, FACHE  
Administrative Director of Emergency Services

April 26, 2012