CONTENTS

1. INTRODUCTION

2. INDICATIONS FOR MEDICAL RETRIEVAL

3. INDICATIONS FOR TRANSFER BY HELICOPTER

4. ORGANISING MEDICAL RETRIEVAL AND HELICOPTER TRANSFER

5. PROCEDURES TO ACCEPT A PATIENT TRANSFER BY HELICOPTER
   a) Prehospital
   b) Interhospital – ICU
   c) Interhospital – Ward Bed

6. HELICOPTER RESPONSE PROCEDURES
   a) Prehospital
   b) Interhospital – ICU
   c) Interhospital – Ward Bed
   d) Transfers to another hospital

7. STAFF ROLES

8. HELICOPTER SAFETY

9. RELEVANT PHONE NUMBERS
1. INTRODUCTION

HELIPAD LOCATION

The St George Hospital Helipad is located on the roof of the multistorey carpark in Gray Street. The Helipad entrance way is inside the security doors of the Intensive Care Unit. The Helipad is secured by locked doors. The keys to these doors rest with Security and authorised individuals only.

The Helipad has immediate access to the Intensive Care Unit and there is a marked route to the Emergency Department. Transport time from the Helipad to the Emergency Department is around 4 minutes.

HELIPAD FUNCTION

The Helipad will be used to receive patients transported directly from a prehospital location as well as receiving patients from interhospital transfers.

The Helipad may also be used on the rare occasions when patients are transported from St George Hospital to other hospitals. This is most commonly a baby or child requiring care at a tertiary paediatric hospital.

RESPONSIBILITY

Helicopter retrieval is the quickest and safest means of transporting critically ill patients over middle to long distances. It does, however, require coordination to ensure cost effectiveness, appropriateness of utilisation and smoothness of patient transfer. As such all aspects of the Helipad, Receiving Room and Helicopter Protocols have been developed by individuals experienced in helicopter retrieval.

Responsibility for the development of protocols surrounding various aspects of helicopter transfers is as follows:

- All initial helicopter notification - Dr T Jacques (Director of ICU).
- Prehospital patients – Dr G Tall (Clinical Director of MRU).
- Interhospital ICU patients - Dr T Jacques (Director of ICU).
- Trauma patients – Dr T Nau (Trauma Service)
- Interhospital ward bed patients – The accepting Registrar for each individual case.
- Safety and security of the Helipad - Security Department.
2. INDICATIONS FOR MEDICAL RETRIEVAL

DEFINITION

Medical Retrieval is the interhospital transfer of critically ill patients by individuals with appropriate training, experience and equipment to undertake the transfer safely and with the ability to intervene if required.

INDICATIONS

Medical Retrieval can be requested by either the referring or receiving hospitals; (see reference guidelines below).

ARRANGING A MEDICAL RETRIEVAL

The NSW Ambulance Medical Retrieval Unit, located Redfern, is the coordinating agency for medical retrievals, irrespective of the mode of transportation.

The telephone number is 1800 650004

They will require:  - Patient's Name
                  - Referring Hospital
                  - Referring Doctor
                  - Accepting Hospital and Ward
                  - Accepting Doctor and contact number
ADULT MEDICAL RETRIEVALS IN NSW

The NSW Medical Retrieval Unit (MRU) is a coordination centre for adult medical retrieval and is co-located with the Aeromedical Operations Centre. Both are based at St George Hospital in Sydney and are open around-the-clock. The MRU is staffed by ambulance coordinators with assistance from onsite or oncall critical care specialists. It will organise and assist with adult patients who require transfer to another hospital for care not available locally.

For medical retrieval of adults, the MRU - 1800 650 004 - offers:

1. Clinical advice from a practising critical care consultant doctor experienced in retrievals
2. Mobilisation of an appropriate retrieval team
3. “One phone call” when possible, using call conferencing facilities
4. Assistance with Intensive Care bed availability when normal referral hospital/s unavailable
5. Assistance with any emergency where routine patterns of referral are unavailable or unacceptably delayed

Early notification will enable early help. In emergencies notification can occur prior to full patient assessment and investigation.

Which Adults May Need A Medical Retrieval?

Those with actual or potential significant injuries or illness

Airway All intubated patients
Patients potentially requiring airway intervention enroute
(threatened airway obstruction, altered or decreasing LOC, head/neck trauma, head/neck burns)

Breathing Significant respiratory distress or compromise after treatment
RR < 8 or >30, SaO2 ≤ 90% on 15L oxygen
Any patient dependant on CPAP or BiPAP

Circulation Circulatory shock of any cause
Hypotension SBP ≤ 100mmHg
Complex or recurrent arrhythmia (eg recurrent VF, sustained VT, CHB)
Ongoing significant bleeding

Disability Significant altered LOC – GCS ≤ 13
Significant head injury
Acute spinal cord injuries
Recurrent or prolonged seizures
Intracerebral bleeding

Others Systemic sepsis
Multitrauma
Significant electrolyte, acid-base or fluid status abnormality
Burns >20% BSA
Significant poisonings

Other clinical cases can be discussed on their merits with the retrieval consultant from the MRU at any time.
INTERHOSPITAL TRANSFERS IN NSW

If you are unsure or have problems at any stage please call the MRU (Adults) or NETS (Children & Babies)
3. INDICATIONS FOR TRANSFER BY HELICOPTER

Helicopter transportation is the fastest and safest means of transferring critically ill patients over middle to long distances and should be considered for all patients who have an indication for medical retrieval. Transfer by helicopter automatically entails medical retrieval.

The cost of patient transfer by helicopter, however, is considerable with the cost being shared between the referring and receiving hospitals. To ensure that unnecessary costs are not incurred by the hospital, it is important to have an appreciation of those situations in which transfer by helicopter is appropriate.

CLINICAL INDICATIONS FOR HELICOPTER TRANSFER

- Serious trauma requiring transfer for assessment and / or management.
- Seriously ill or unstable patients.
- Where there is a time urgency associated with the referral for assessment, (eg. CT Scan) or management.
- Where the out-of-hospital time needs to be of a minimum for clinical or technical reasons. (eg. Complex monitoring or therapeutic devices).

GEOGRAPHICAL INDICATIONS FOR HELICOPTER TRANSFER

Transfer by helicopter of patients meeting the above criteria should be considered from hospitals:-

- North of RNSH.
- West of Westmead.
- South-West of Liverpool (ie. Campbelltown, Camden, Bowral, Goulburn).
- South of the SEH.
**4. ORGANISING MEDICAL RETRIEVAL AND HELICOPTER TRANSFER**

**ARRANGING FOR MEDICAL RETRIEVAL AND PATIENT TRANSFER BY HELICOPTER.**

Medical Retrieval and / or transfers by helicopter can be arranged by either the referring or receiving hospital and is accomplished by calling the NSW Ambulance Medical Retrieval Unit on 1800 650004 twenty four hours a day.

They will require:

- Patient’s name.
- Referring Hospital and Doctor’s name and contact number.
- Receiving Hospital and Doctor’s name and contact number.
- Diagnosis.

There is a Retrieval Consultant available on-site or on-call in the MRU 24 hours a day, 7 days a week. These are all critical care Consultants with wide experience in Retrieval. They are available for clinical advice in addition to helping arrange the logistics of a retrieval.

**PROBLEMS**

Problems involving individual clinical areas of the hospital should in the first instance be referred to the Consultant responsible for that area.

- ICU – Dr T Jacques or ICU Consultant on-call.
- Prehospital – Dr G Tall or ED Staff Specialist on-call.
- Trauma patients – Dr Thomas Nau Director of Trauma
- Ward patients – Accepting Consultant or specialty Registrar.

If further problems are encountered in arranging a medical retrieval or helicopter transfer, please ring the MRU 1800 650004 and ask to speak to the Retrieval Consultant.
5. PROCEDURES TO ACCEPT A PATIENT TRANSFER BY HELICOPTER

A. PREHOSPITAL

All prehospital patients will be notified to the ICU “Batphone” who in turn will notify:

1. Hospital switchboard
   • will notify Security and ICU orderly
   • will put out group page stating
     “Helicopter ETA 1600hrs ”

2. ED staff via ED “Batphone”
   ED staff then decide on the need for a trauma team activation according to the trauma criteria and activate “trauma team required ED” if appropriate.

There are to be no attempts to refuse a helicopter with a prehospital patient on board.

The helicopter crew consists of an advanced trainee or Consultant in a critical care discipline in addition to a rescue paramedic, pilot and crewman. The rescue crewman may pass on basic clinical details and alert the hospital as to the severity of the patient's injuries and any specific requirements. The doctor will be caring for the patient and is unlikely to have time to give clinical details prior to arriving at the hospital.

B. INTERHOSPITAL - ICU

1. Referring Hospital contacts MRU or receiving ICU Registrar to arrange acceptance of patient.

2. ICU Registrar confirms bed available.

3. Medical Retrieval Unit is notified of transfer and despatches appropriate retrieval team. Information required is:
   • Patient’s name and weight
   • Referring hospital and ward
   • Referring doctor
   • Accepting hospital
   • Accepting doctor and contact number

4. Advice on clinical and logistical aspects of the retrieval is provided to the referring hospital by the ICU Registrar and retrieval doctor.

6. Any change in bed status at the receiving ICU must be notified to the Medical Retrieval Unit immediately to facilitate alternate arrangements.
C. INTERHOSPITAL - WARD BED

1. Referring doctor contacts appropriate specialty Registrar.

2. Specialty Registrar confirms bed is available in appropriate ward, and is responsible for notifying both Admissions and the relevant Clinical Support Manager.

3. This bed must be vacant by the time the patient arrives at St George Hospital.

4. Clinical and logistical advice is provided to the referring hospital by both the receiving specialty Registrar and Retrieval doctor.

5. Accepting specialty Registrar notifies the Medical Retrieval Unit (1800 650 004):
   Information required is:
   - Patient’s name and weight
   - Referring hospital and ward
   - Referring doctor
   - Accepting hospital
   - Accepting doctor and contact number

6. Specialty Registrar notifies the ICU on the ICU “Batphone” (ext. 33555) of an incoming patient, even though the patient’s destination will not be the ICU.
   Information required is:
   - Patient’s name
   - ETA of incoming helicopter
   - Ward destination of patient

7. Note that neither the ICU or Emergency Department will accept interhospital patient transfers unless discussed prior to the patient’s arrival at St George Hospital. The ward bed must be vacant by the time the patient arrives at St George Hospital.
6. HOSPITAL RESPONSE PROCEDURES

A. PREHOSPITAL

1. Notification will be received via the ICU “Batphone” which has a distinctive ringing tone (9113-3555). No prehospital (primary) response helicopter is refused. Notification will usually come from Ambulance Control, the helicopter or helicopter base. Multiple notification is not uncommon. Two forms of notification may be received:
   
a) **Advance Notification** - from 30 to 60 minutes in advance. This is received from the helicopter at a scene response. Ask the helicopter to give another call if ETA is greater than 30 minutes.

b) **Close Notification** - from 5 to 30 minutes in advance (usually 15 minutes) Switchboard will need to be informed immediately.

2. The phone will be answered by the ICU Nursing / Medical Staff. The phone should be answered unambiguously - “St George Hospital Intensive Care”, not simply “ICU”. The ICU nurse will obtain the following information:
   - ETA – most important (state – actual time of ETA, not ETA 15 minutes)
   - Clinical Details

3. The ICU nurse will notify both the Switchboard (ring 666) and ED (via direct link to the ED “Batphone”) of the details in order to facilitate reception of the patient.

4. Switchboard will in turn activate:
   - Security
   - Orderlies
   - The appropriate medical response. The group page should read: “Helicopter ETA 1600hrs – ICU only”

5. The call taker in the ED will notify senior ED medical and nursing staff of the details and activate the trauma page “trauma team required ED” if appropriate

6. The ICU orderly will proceed to the helipad doors with a bed (a normal ward bed will be positioned in the covered area near the helipad) and full oxygen cylinder.

7. All hospital staff shall remain within the helipad covered area, with doors locked, until the helicopter has landed and the rotors have come to a complete stop.

8. The unloading of the patient from the aircraft will be carried out by the helicopter crew. Each aircraft and each operator will have a different method of unloading. The helicopter crew and one orderly will be sufficient to unload the patient. Security should not assist with the unloading. The helipad has no peripheral guard rail and only people requested by the helicopter crew should be allowed onto the helipad.

9. The helicopter crew and patient will proceed direct to the ED Resuscitation Room via the marked route. A member of the helicopter crew should be asked to assist the orderly control the bed’s movement down the ramp. At the bottom of the
ramp leading from operating theatres to the MRU, the ED Resuscitation Nurse will be waiting with the open lift for transport to the ED. All treatment, attachment of monitors, swapping of equipment and reception of handover should wait until the patient is in the ED Resuscitation Room.

10. After handover of the patient, an orderly will assist the helicopter crew in transporting their equipment back to the helicopter. The bed, or a suitable replacement shall be returned to it’s location in the alcove of the helicopter covered area.

B. INTERHOSPITAL – ICU

1. Notification will be received on the ICU “Batphone”. The helicopter crew may additionally contact Security via radio to confirm arrangements for reception and ETA.

2. The ICU nurse notifies senior ICU medical staff, in particular to confirm the medical response required.

For all ICU interhospital trauma transfers, the group page should read “Helicopter ETA 1600 hrs – Trauma Team required in ICU”.

For all ICU non-trauma inter-hospital transfers, the group page should read “Helicopter ETA 1600hrs – ICU team only”

3. The ICU nurse notifies switchboard using “666” stating
   • ETA (actual time, not ETA “15 minutes”)
   • The appropriate medical response and group page

4. The ICU nurse accompanies the orderly and ICU bed to the helipad covered area.

5. All hospital staff shall remain within the helipad covered area, with doors locked, until the helicopter has landed and the rotors have come to a complete stop. When directed the orderly and nurse will assist unloading the patient from the helicopter under the direction of the helicopter crew. There should be no attempt to assess the patient, swap monitors, swap equipment or receive handover until they are in the allocated ICU ward bed space.

6. At the completion of patient handover, the ICU orderly will assist the helicopter crew in transporting their equipment back to the helicopter.

Note: For ICU inter-hospital trauma transfers via fixed wing, if an accurate ETA is not available the ICU registrar will notify the trauma team of an impending patient, and initiate a trauma call when the patient arrives to the ICU.
C. **INTERHOSPITAL – WARD BED**

1. Notification will be received on the ICU “Batphone”. The helicopter crew may additionally contact Security via radio to confirm arrangements for reception and ETA.

2. The ICU nurse notifies switchboard using “666” stating
   - ETA (actual time, not ETA “15 minutes”)

3. Switchboard notifies Security of the ETA to enable appropriate arrangements for reception.

4. The ICU nurse notifies the destination ward of the patient. The destination ward is responsible for notifying both their own orderly and the receiving Registrar of the patient’s ETA. The Registrar must be present in the ward at the time of arrival to take handover of the patient. If the patient fills trauma criteria the on call trauma team should be notified also.

5. The destination ward’s orderly proceeds to the helipad and ensures availability of the helipad bed with oxygen supply.

6. All hospital staff shall remain within the helipad covered area, with doors locked, until the helicopter has landed and the rotors have come to a complete stop. When directed the orderly will assist unloading the patient from the helicopter under the direction of the helicopter crew.

7. At the completion of patient handover, the orderly will assist the helicopter crew in transporting their equipment back to the helicopter.

D. **TRANSFERS TO ANOTHER HOSPITAL**

1. The referring ward is responsible for notifying ICU that a helicopter will be incoming and the helicopter’s ETA.

2. The referring ward is responsible for notifying switchboard with the same information. Switchboard will in turn notify Security of the ETA to enable appropriate arrangements for reception.

3. The referring ward will send their orderly with an appropriate bed to the helipad to meet the incoming helicopter. The orderly will assist the helicopter crew to transport their equipment to the referring ward.

4. The patient will be assessed and then transferred onto the helicopter stretcher and medical equipment. When requested the orderly will assist the helicopter crew in transferring the patient back to the helipad. The orderly will ensure that the bed and oxygen cylinder are repositioned next to the helipad in preparation for any other helicopter transfer.
7. STAFF ROLES

SWITCHBOARD

1. Receive notification noting
   - ETA
   - Medical Response required

2. Always notify Security with ETA

3. Send messages
   - Security = “Helicopter arriving at 1600 hrs”
   - Group Page = “Helicopter ETA 1600hrs – ICU team only”
   - or “Helicopter ETA 1600 hrs – Trauma Team Required ICU”

4. And if notified by the ED
   “trauma team required ED”

SECURITY

1. Receives notification from switchboard.

2. Upon notification
   - Lights on (helipad, windsock, floodlight).
   - Clear Pad (persons, objects, lock doors).

3. During landing
   - Remain within Helipad covered area.
   - Fire Safety
   - Keep pad clear
   - Ensure no one approaches aircraft until rotors are completely stopped and directed to approach by the crew.
   - Ensure personnel and the bed have no loose objects or anything projecting in the air (hats, blankets, sheets, IV pole etc.).

4. Whilst on the ground
   - Allow only the orderly (and ICU Nurse if present) onto the Helipad.
   - ALL others are to remain in the covered area.
   - Do not assist with unloading.
   - Maintain helicopter security.
   - Maintain helipad security – helipad has no guard rail.
   - No one except helicopter crew should remain on the pad without security presence.

5. Before take off
   - Ensure pad is clear (persons, loose objects, doors locked).
   - Fire Safety.
CRITICAL CARE ORDERLY – (ICU or ED)

1. Receive notification from switchboard via group page.

2. Obtains appropriate bed.
   - ICU ward bed for interhospital ICU transfers.
   - Bed from helipad covered area for all other transfers

3. Conveys bed to Helipad Covered Area (if not already present).

4. Ensures bed has no loose objects or objects projecting into the air (NO blankets, sheets or IV Poles).

5. Waits till directed onto the pad by security and the helicopter crew.

6. Assists with unloading patient from the aircraft at the direction of the crew.

7. Transports patient and helicopter crew to destination ward.

8. Assist with transferring patient and stretcher onto the appropriate hospital bed.

9. Assist helicopter crew to transport equipment back to helipad.

10. Ensures helipad bed and oxygen cylinder is ready for next transfer.

ICU REGISTRAR

1. Notifies the ICU Consultant/Senior Registrar on duty when notification received of intended arrival of interhospital ICU transfer.

2. Receives notification from the switchboard of ETA.

3. Must be present for handover from the helicopter crew.

4. Makes no attempt to receive handover or assess patient until the patient is in the ICU ward bed and all monitoring/therapies have been transferred.

5. A verbal handover should be received from the Retrieval doctor with the entire team standing back and listening.

6. Must call the Trauma Team for trauma patients by notifying Switchboard to put out group page
   "Helicopter ETA 1600 hrs –Trauma Team required in ICU".
ICU NURSING STAFF

1. Answer ICU Emergency Phone stating “St George Hospital Intensive Care Unit”.

2. Take details according to protocol displayed above phone. Note:
   - ETA - Ask the helicopter to give another call if ETA is > 30 minutes.
   - Clinical problem.
   - Transporting Service.

3. Complete details on helicopter transport form at time of taking call.

4. Decide appropriate medical response according to written protocol.
   - All prehospital responses
     "Helicopter ETA 1600hrs ."
   - Interhospital ICU transfers
     "Helicopter ETA 1600hrs - ICU Team Only"
   - Interhospital Trauma ICU transfers
     "Helicopter ETA 1600hrs – Trauma Team required in ICU".

   - ETA (state actual time, not ETA “15 minutes”).
   - Medical Response required

6. Notifies ED staff via ED "Batphone" of all prehospital patients
   - ETA
   - Clinical information.

7. Notifies ICU Registrar and Critical Care orderly of all interhospital ICU transfers.

8. Notifies destination ward of interhospital ward bed transfers.

9. For interhospital ICU transfers, accompanies orderly and bed to the Helipad covered area.

10. Remains within the covered area until directed onto the helipad by security and the helicopter crew.

11. Assists with unloading the patient from the helicopter.

12. Accompanies the patient to the ICU ward bed.

13. Makes no attempt to receive handover or assess patient until the patient is in the ICU ward bed. Assists with transfer of monitoring and therapies as directed by the helicopter medical crew.

14. A verbal handover should be received from the Retrieval doctor with the entire team standing back and listening.

15. Proceeds with assessment and care along established guidelines.
SPECIALTY REGISTRAR – Interhospital Ward Bed Transfers

1. Accepts the Interhospital transfer of patient with respect to bed availability and clinical indication for helicopter transfer.

2. Is responsible for notifying Admissions / Clinical Support Manager and arranging a bed. This bed must be vacant by the time the patient arrives at St George Hospital.

3. Clinical and logistical advice is provided to the referring hospital by both the accepting specialty Registrar and Retrieval doctor.

4. Accepting specialty Registrar notifies the Medical Retrieval Unit (ext. 1771):
   Information required is:
   - Patient’s name and weight
   - Referring hospital and ward
   - Referring doctor
   - Accepting hospital
   - Accepting doctor and contact number

5. Specialty Registrar notifies the ICU on the ICU “Batphone” (ext. 33555) of an incoming patient, even though the patient’s destination will not be the ICU.
   Information required is:
   - Patient’s name
   - ETA of incoming helicopter
   - Ward destination of patient

6. Specialty Registrar notifies the trauma registrar (#078) in hours or the on call surgical registrar (#099) after hours for all trauma inter-hospital transfers.

7. Note that neither the ICU or Emergency Department will accept interhospital patient transfers unless discussed prior to the patient's arrival at St George Hospital. The ward bed must be vacant by the time the patient arrives at St George Hospital.

8. The destination ward will receive notification of the helicopter ETA from ICU. The destination ward will contact the accepting Registrar and advise them of this ETA. The accepting Registrar must be present in the destination ward to accept handover of the patient from the helicopter medical team.

9. Makes no attempt to receive handover or assess patient until the patient is in the ward bed and all monitoring/therapies have been transferred.

9. A verbal handover should be received from the Retrieval doctor with the entire team standing back and listening.

10. After handover of the patient, the accepting Registrar assumes full responsibility for the medical care of the patient within the hospital.
ED REGISTRAR

1. Receives notification of incoming prehospital patients from ICU. Clinical information received is likely to be minimal at this stage.

2. *There are to be no attempts to refuse a helicopter with a prehospital patient on board.*

3. The Retrieval doctor is unlikely to have the time to personally pass on clinical details as they will be busy caring for the patient. Any specific urgent clinical requirements will nevertheless be communicated by a member of the helicopter crew.

4. All prehospital patients will have a Trauma Page initially put out by Switchboard upon notification by ICU of an incoming prehospital helicopter. This Page will read:

   "*Helicopter ETA 1600 hrs - Trauma Team Required in ED*"

   *It is the responsibility of the ED to activate the trauma team response once receiving notification from the ICU*

   "*Trauma Team Required in ED*"

5. Prepares ED Resuscitation Room and team to accept the patient.

6. Remains in the ED Resuscitation Room to receive patient. The Retrieval doctor accompanying the patient will be an advanced trainee or Specialist in a critical care discipline and will not require clinical assistance between the helipad and the ED. Once the patient has been unloaded from the helicopter, the trip to the ED will take 3-4 minutes.

7. *Makes no attempt to receive handover or assess patient until the patient is in the ED bed and all monitoring/therapies have been transferred.*

8. A verbal handover should be received from the Retrieval doctor with the entire team standing back and listening.

ED RESUSCITATION NURSE

1. Receives notification of incoming prehospital patients from ICU. Clinical information received is likely to be minimal at this stage.

2. Prepares ED Resuscitation Room for reception of the patient.

3. Accompanies patient and helicopter team into the ED Resuscitation Room. **Makes no attempt to receive handover or assess patient until the patient is in the ED bed and all monitoring/therapies have been transferred.**

4. Assists with transferring monitoring and therapies as directed by the helicopter medical crew. Assists with transferring patient off the helicopter stretcher and onto the ED Trauma bed as directed by the helicopter medical crew.

5. A verbal handover should be received from the transporting doctor with the entire team standing back and listening.

6. Patient assessment and treatment continues along established guidelines.
8. HELICOPTER SAFETY

HELICOPTER DESCRIPTION

A range of helicopters are currently used by the NSW Department of Health. Most of these are twin engine aircraft that carry as a minimum a crew of four and are capable of transporting two patients at once as well as the required rescue and medical equipment.

As such these are fairly large and powerful aircraft, hence it is important for ground personnel to be aware of the safety implications of the normal operating characteristics of these aircraft.

HELIPAD DESCRIPTION

The St George Hospital Helipad is located on the top of the Gray Street Carpark and is connected directly to the Tower Block by a covered walkway. All access to the rooftop is prevented by locked doors with the keys residing with Security and authorised individuals only.

For aircraft operational reasons it should be noted that the Helipad has no perimeter fencing. Hence it is imperative that any individuals allowed onto the helipad remain well clear of the sides. For this reason, Security will limit the number of persons onto the Helipad to 2 only - all others will be kept in the Covered Area.

HELIPAD SECURITY

Prior to the arrival of the aircraft, it must be confirmed that all access doors are locked.

The Helipad must also be clear of loose debris of any sort (eg. blankets, towels, newspaper, bottles, cans etc.). The downwash from these large aircraft is considerable and any loose debris at all will either be blown off the roof onto the street below or may blow into the air damaging the aircraft.

PRECAUTIONS

The downwash from these aircraft is considerable and is strong enough to blow an adult off balance. Hence, all personnel are to remain in the Covered Area until the aircraft rotors have come to a complete stop.

TAIL ROTOR

The tail rotor can blow objects from peoples hands or blow an adult off balance. Again, the aircraft should not be approached until all rotors have stopped.
APPROACHING THE AIRCRAFT

Security will ensure that only two persons are allowed on to the helipad to assist with unloading the patient.

The aircraft must not be approached until the rotors have come to a complete stop and a clearance to approach has been signalled by the helicopter crew.

MAIN ROTOR

There is a temptation to approach the aircraft once the engines are shut down and the rotor blades are slowing. This is in fact the most dangerous time to approach the aircraft. It is during this period that the main rotors develop an up and down oscillation and can dip below body height. Hence, the aircraft should not be approached until the rotors have stopped.

AIRCRAFT PARTS

It will be noted that these aircraft have many projections from their sides, front and undersurface. These are mostly radio or radar transmitters / receivers and will become extremely hot. Any contact with them will occasion a severe burn. As a general rule, do not touch any part of the aircraft or open any doors.

GROUND PERSONNEL

As previously mentioned the Helipad has no perimeter fence, and the number of persons allowed onto the helipad will be limited by security to the number required to unload the patient from the aircraft - usually 2 only.

THE BED

The bed must not have any covers whatsoever, nor should it have a drip stand. The bed will be conveyed by the orderly onto the Helipad when directed to do so by security and the helicopter crew.

TAKE-OFF

Before and during take-off, the same checks and precautions apply as with the helicopter landing. All personnel are to remain within the Helipad covered area.
## 9. RELEVANT PHONE NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU Batphone</td>
<td>33555</td>
</tr>
<tr>
<td>Switchboard</td>
<td>666 for all helicopter notifications (9 for normal use)</td>
</tr>
<tr>
<td>ED Batphone</td>
<td>9588 6087 (Note: No internal extension available except on dedicated link from ICU Batphone)</td>
</tr>
<tr>
<td>Medical Retrieval Unit</td>
<td>1800 650 004</td>
</tr>
<tr>
<td>Security</td>
<td>1000 or via switchboard</td>
</tr>
<tr>
<td>Helipad</td>
<td>33777</td>
</tr>
<tr>
<td>ED Nursing Team Coordinator</td>
<td>31665 or 31516 (portable phone)</td>
</tr>
<tr>
<td>ED Resuscitation Room</td>
<td>31673</td>
</tr>
<tr>
<td>Coronary Care Unit</td>
<td>33160</td>
</tr>
<tr>
<td>Cardiac Catheter Laboratory</td>
<td>32313</td>
</tr>
<tr>
<td>High Dependency Unit</td>
<td>33264</td>
</tr>
<tr>
<td>Paediatric Ward</td>
<td>32320</td>
</tr>
<tr>
<td>Special Care Nursery</td>
<td>32558</td>
</tr>
</tbody>
</table>