

Helipad Operations

Purpose

This policy delineates requirements for aircraft operators using the UVA Health System (UVA HS) helipad(s) located at the University of Virginia Medical Center in Charlottesville, Virginia. The purpose of this policy is to ensure safe and coordinated aircraft operations at the UVA HS helipads and alternate helicopter landing sites. This policy covers single and multiple aircraft operations and the communications requirements for aircraft and Communications Centers.

Policy

1. The *Communication Centers* of inbound aircraft must notify UVA Medcom when an aircraft is inbound to the University of Virginia Medical Center.
 - i. This notification should take place upon departure from the scene or referring facility.
 - ii. Information should include the estimated time of arrival (ETA) and destination within the Medical center.
- b. The pilot-in-command must communicate their intentions to land, takeoff, or maneuver on University of Virginia Health System (UVA HS) heliport with the University of Virginia Health System *Medcom*.
 - i. **Primary Tactical Frequency is Med 9 Carters** (Rx 462.950 / Tx 467.950) with a CTCSS tone of 127.3
 - ii. **Secondary Tactical Frequency is 123.05** which is the helipad common traffic advisory frequency (CTAF) This frequency is to be utilized for **Air to Air** communications, pilot advisory calls to facilitate pilot situational awareness for multiple aircraft operating in the area of the University of Virginia Medical Center.
 - iii. **Inbound aircraft must notify Medcom at least 10 minutes prior to arrival.**
- c. Pilot Controlled Lighting will be activated via 5 clicks on 123.05.
 - i. Medcom has the ability to activate the helipad lighting upon request.
- d. Prior to arriving
 - i. The offload team will confirm the Air Handler By-pass has been activated. If not, they will activate the system. If necessary, Medcom will activate the Air Handler By-pass via a control panel located in Medcom.

- e. While occupying a UVA HS helipad, the pilots must remain in communication with Medcom. This can be accomplished by:
 - i. Maintaining the ability to monitor **Med 9 Carters**
 - ii. Remain in the area of the Rooftop Helipad Lobby while occupying the UVA Helipad.
 - iii. If it is necessary for a pilot to leave the rooftop helipad or the helipad lobby for any reason direct communication must be established and maintained with UVA Medcom.
 - f. Prior to the startup sequence of an aircraft for departure:
 - i. The escort team will activate the air handler shut off.
 - ii. Medcom will confirm the Air Handler By-pass has been activated. If needed Medcom will activate the Air Handler By-pass via a control panel located in Medcom.
 - g. Prior to departing the UVA HS heliport the pilot will contact Medcom stating that they are ready to depart. Medcom will acknowledge the pilot's transmission and will:
 - i. Advise the departing aircraft of any known aircraft traffic in the area.
 - ii. Request the aircraft on the pad establish communications with other aircraft prior to departing.
2. Medical Communications
- a. Medcom will coordinate all medical report communications.
 - b. Initial Contact with Medcom will be made on **Med 9 Carters (462.950 with a CTCSS tone of 127.3)**
 - c. Medcom will instruct all inbound aircraft to switch and utilize one of the following frequencies for all medical reports:
 - i. **Med 4 Local (Tx 468.0750 / Rx 463.0750 with a CTCSS tone of 127.3)**
 - ii. **EMS 1 (Tx 155.340 CTCSS tone of 203.5/ Rx 155.340 without a CTCSS tone)**
3. Multiple Aircraft Heliport Approach/Depart Practices
- a. The Medcom medical communication specialists shall determine if two aircraft will be using the UVA HS heliport simultaneously.
 - b. In the event that two aircraft approach the heliport with similar arrival times, the pilots, after establishing two-way communications with Medcom, should:
 - i. Establish two-way communications with each other. This is to ensure a high level of situational awareness between the pilots of the arriving aircraft as well as mutual agreement of landing sequencing.
 - 1. The recommended procedure for this joint communication is that all parties should operate on the same radio frequency of **Med 9 Carters** (Rx 462.950 / Tx 467.950) with a CTCSS tone of 127.3

- ii. Recommend that a hot offload be utilized if the patient's condition permits and is possible for the arriving aircraft.
 - iii. Medcom will confer with the UVA Emergency Department Attending to triage patients if there is question as to which simultaneous aircrafts should arrive first.
 - iv. *Aircraft arriving at the UVA Health System helipad at nearly the same time will determine which aircraft will land on the helipad and which aircraft will hold at the predetermined holding area*
The pilots will notify MEDCOM of the aircraft landing sequence
 1. *The predetermined holding area is approximately 1 mile south of the University of Virginia Medical Center – (FAA Intersection **UDINY**) - refer to Figure D*
- c. When an aircraft is parked on a UVA HS heliport, Medcom shall:
- i. Upon initial contact, transmit the status of the UVA Health System helipads to the pilot.
 - ii. Facilitate sequencing communications. It is the pilot's responsibility to establish communications with the inbound aircraft and maintain visual separation while operating in the vicinity of a UVA Health System helipad.
- d. An aircraft occupying the rooftop helipad will be instructed to reposition to the Charlottesville Albemarle Airport if another aircraft has an ETE of 7 minutes or less. Medcom will notify the transient aircraft's communication center when the UVA helipad is unoccupied.
(Relocation to the lower pad is prohibited)

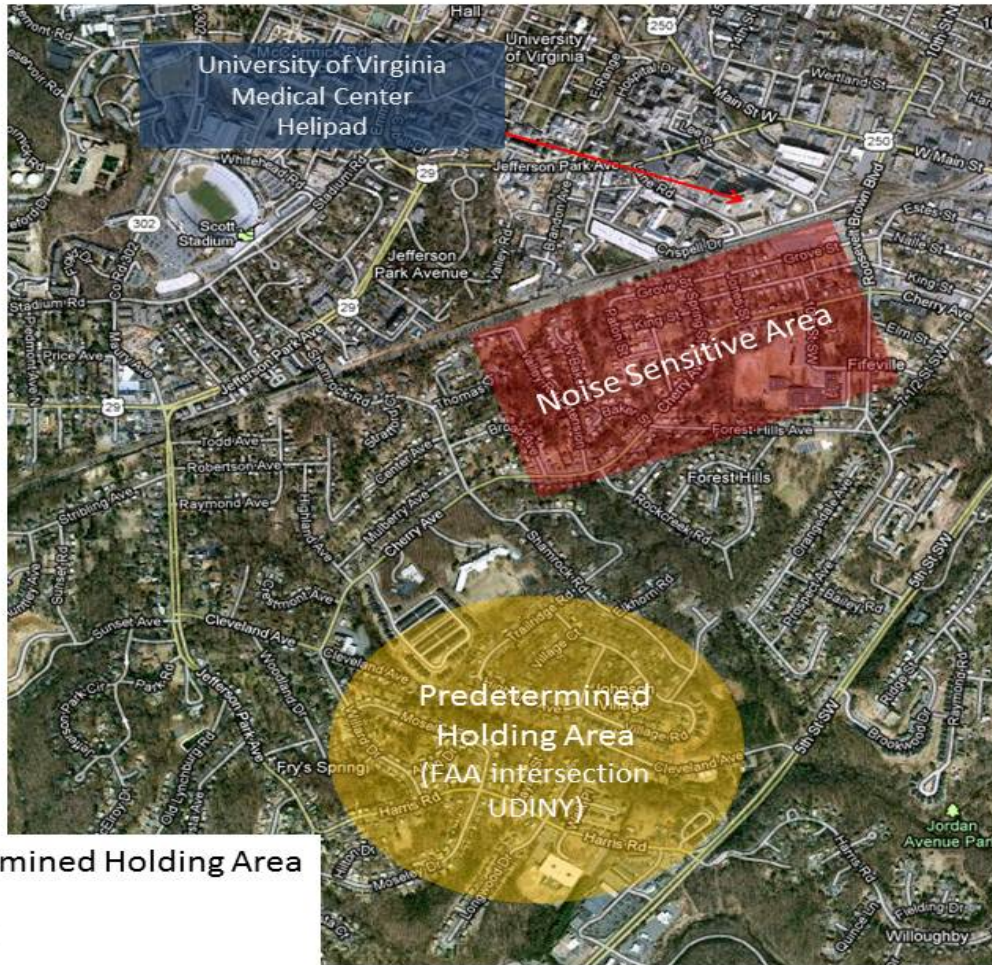
No more than one aircraft may be authorized on the UVA HS Rooftop heliport at any time.

4. *Fly Friendly*
 - a. *Pilots should follow along the railroad tracks that run east/west on the south side of the Medical Center when approaching and/or departing the UVA Health System helipad.*
 - i. This method of approach will provide the greatest noise abatement procedures for the surrounding communities.
 - ii. In an effort to minimize noise while flying over the city of Charlottesville, aircrafts will maintain at least 1000 ft AGL while over the city. (except on approach or departure or when weather requires lower altitudes)
5. Activation of Alternate landing Zones:
 - a. The MOD (PIC 1672) will be contacted prior to the decision to activate the alternative landing zone.
 - b. The following instances will be considered for utilizing the alternate landing zones.

- b. Fire Suppression
 - i. Roof-top Helipad fire suppression is accomplished by the activation of the suppression system located on the perimeter of the helipad. Activation is manual by one of three activations stations.
 - ii. Inspection and maintenance of the system is the responsibility of the UVA HS Fire Marshall.
- c. Access / Security
 - i. Roof top Helipad access will be regulated by a UVA swipe access pad located in elevator carriages 5 and 6.
 - ii. Priority swipe pads will be located between elevators 5 and 6. These will be located on floors 1, 2 and rooftop helipad lobby.
 - iii. The helipad accessibility list will be maintained by the Medical Transport Network manager.
 - iv. During active helicopter operations access will be granted only to UVA staff that has completed the approved educational requirements.
 - v. Visiting Flight Crews must be escorted to and from the roof-top helipad lobby.
- d. Training
 - i. Initial training will have two components; Hands on training with an approved Helipad Trainer and the Helipad Operations CBL.
 - ii. Recurrent training will be the annual completion of the Helipad Operations CBL.
 - iii. Helipad Training will be administered by the Pegasus Flight Supervisor or designee.



Fontaine Field
Figure A



Predetermined Holding Area (UDNI)
Figure D

References

None

Document Attributes

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Approved	Thomas Berry, Director, UVA Health System, Emergency Management Tim Hodge, Manager, UVA Medical Transport Network Signatures on file		