AIR MEDICAL TRANSPORT CRITERIA

Utilize EMS regional or state-approved protocols to determine need for on-scene air transport.

If in doubt, consult with on-line medical control.

Appropriateness for on-scene air transport is dynamic, and best determined by the pre-hospital provider based on EMS treatment protocols and/or on-line medical direction.

LANDING ZONE TRAINING

For further information or to schedule LZ training, contact:
Nightingale Flight Crew Office (757) 388-2500
Nightingale@sentara.com

Improve the accuracy of your LZ Coordinates, and transmit them directly to Nightingale, with the touch of a button.
Use the QR codes below to download and register for Nightingale’s exclusive MetroAlert App for your smart phone.

LOCATIONS
• Exact numeric street address is preferred
• If not available, provide closest road location, with cross streets
• Provide distance/direction to nearest reference point, if used
• Identify prominent geographic features (e.g. lakes, schools, golf courses) near the landing zone

COMMUNICATIONS
• Designate one individual to coordinate LZ comms
• Provide radio frequency (e.g. Statewide, 800 MHz channel, etc.)
• Provide call sign of LZ Command
• Nightingale will provide ETA and attempt radio contact on designated frequency 5-10 min. prior to arrival. Be ready to report landing surface and ANY obstacles in/around LZ.

PATIENT STATUS
• Weight of patient is important to flight safety
• Brief LOC/airway status is acceptable, but not required

HAZ-MAT
• Always inform incoming crew of any HAZ-MAT
• Decon of contaminated patients is required. The flight crew will need to determine suitability for patient to safely fly.

NIGHTINGALE
REGIONAL AIR AMBULANCE
Non-Emergency Business Line: 1-757-388-2500
600 Gresham Drive, Norfolk, VA 23507
www.sentara.com/nightingale
FAA Part 135 aviation services provided by Metro Aviation, Inc.
LANDING ZONE SET-UP

- 100 feet by 100 feet
- Level as possible (maximum slope — less than 5 degrees)
- Free of overhead obstructions (e.g. wires, antennas, poles)
- Clear of debris and other hazards
- Helicopters prefer to land & take off at an angle to the LZ, not straight up & down — be sure to evaluate for hazards in the areas SURROUNDING the LZ
- Note any large obstacles in any area seen from the LZ (e.g. cell towers, antennas, water towers, silos, etc.) — be sure to report if they are lighted
- Clearly mark the LZ with weighted cones, flares, or beacons (as shown in diagram). Position LZ controller to face helicopter on its approach.
- Plan for an alternate LZ in case primary is unsuitable.
- HAZ-MAT
  - Site 1 mile UPWIND (avoid low-lying areas)
  - Radioactive materials — ¼ mile UPWIND
  - Remember — patients must be decontaminated

LANDING ZONE SAFETY

- Maintain radio contact at all times until helicopter has landed, loaded, and departed the area.
- Keep spectators at least 200 feet from the touchdown area.
- Keep emergency service personnel at least 100 feet away.
- Have fire equipment (if available) standing by and prepared to wet down the touchdown area if it is extremely dusty.
- Assure that everyone who will be working near the helicopter wears eye protection. If helmets are worn, chin straps must be securely fastened.
- When the helicopter lands, do not allow anyone to approach the helicopter. The crew will approach you when it is safe to do so.
- Night LZs require increased situational awareness. Control of spotlights, floodlights, flashbulbs, vehicle hi-beam lighting, etc. are essential to keep from temporarily blinding the pilot during takeoff and landings.
- Always avoid tail rotor. Do not approach from up-slope. Approach helicopter from sides or front while always maintaining eye contact with the pilot.

NOTE: Flares are an intense source of ignition and must be closely monitored. Extinguish all flares after the helicopter lands — they are unneeded for takeoff.

NOTE: The flight crew may be using Night Vision Goggles, so be prepared to shut off flashing apparatus lights, safety & operations permitting, if requested.