

UW MED FLIGHT LANDING ZONE (LZ) SAFETY

Provide:

Name of requestor, call back number, nature of incident, number of patients (if known), LZ location (town, intersection, landmarks, lat/long), radio frequency of LZ Commander.

LZ Commander:

Should be familiar with area and have good communication skills. Once the landing zone is established, He/she is responsible for the LZ. He/she will control entry to LZ and should make him/herself known to the pilot after landing.

LZ Selection, Protection, and Monitoring:

100 ft x 100 ft, flat, hard surface preferred. Avoid tall grass/crops, mud and loose surfaces (sand, dirt, snow). LZ must be free of obstacles (fences, traffic signs/markers, debris and loose objects). Identify all hazards and obstacles in the vicinity and communicate those hazards to the pilot upon establishing radio

contact. Keep all personnel and vehicles out of the LZ from the approach of the aircraft until the aircraft has departed.

No smoking or open flame within 50 ft of the aircraft.

The pilot may decide that the LZ is unsuitable due to hazards seen from the air or other concerns.

LZ Marking & Lighting:

Day: Use cones or other markers to designate the perimeter of the LZ to the pilot overhead. Keep open flame, flares and smoke generators 50 ft from the aircraft. Do not use flares if dry grass or other fire hazards are present. If flares are used, be prepared to extinguish all flame when aircraft has landed.

Night: Use LZ marker lights, strobes or vehicle headlights. Do not use high beams. Avoid bright lights which may interfere with the pilot's night vision.

continued on back

UW Health

Med Flight

uwhealth.org/medflight

**For transport:
800-472-0111**

Communication:

Inform the pilot when you see or hear the aircraft approaching. Identify hazards. Describe LZ and any landmarks. DO NOT USE HAND SIGNALS. If you cannot communicate directly with the pilot, contact your Comm Center or Med Flight Comm Center at (608) 263-3258 to set up a phone relay.

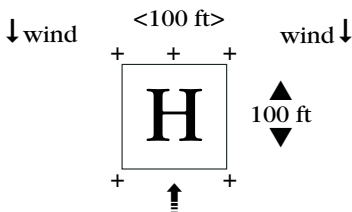
Med Flight Radio Frequencies:

Mark II (151.280 tone 136.5), WI State EMS (155.340 no tone) or VHF 123.05

Approaching The Aircraft:

DO NOT APPROACH THE AIRCRAFT. Only Med Flight personnel may direct personnel or vehicles to approach the aircraft. Keep all vehicles, including emergency vehicles, 50 ft from aircraft. Upon landing, Med Flight crew will deplane and come to you. Do not bring the patient to the aircraft until directed by Med Flight personnel.

Aircraft Approach Path: into wind



NEVER APPROACH THE REAR OF THE AIRCRAFT.

Criteria for Air Medical Transport

- Prolonged extrication
- Severity of injury requiring critical care intervention
- Vehicular intrusion
- Ejection
- Unrestrained occupant, rollover
- Motorcycle accident
- Significant vehicle damage
- Fall from greater than 15 ft
- Penetrating injury to head, neck, torso
- Amputation or near amputation
- Scalping or de-gloving injury
- Severe blood loss
- Hypotension
- Severe burns, especially to face/airway involvement
- GCS less than 13
- Unstable or potentially unstable airway
- Multisystem trauma
- STEMI
- Access to scene prohibits safe ground transport
- Farm, industrial, PTO, animal attack