

LANDING ZONE SAFETY TRAINING

MAYO CLINIC AMBULANCE SERVICE

Take offs are optional, landings are mandatory

OBJECTIVES

- Describe auto launch criteria and which patients may benefit from a helicopter
- Assign roles and select and prepare a suitable landing zone
- Effectively communicate hazards and obstructions to flight crews, including night scene operations
- Articulate emergency and rescue procedures



WHICH PATIENTS BENEFIT FROM A HELICOPTER?



ADULT (Age 15 and Older)

RED

- R.1 Threatened or compromised airway or intubated patients
- R.2 Respiratory distress signs/symptoms
- R.3 Confirmed systolic blood pressure < 90 at any time OR < 100 if age 65 or older
- R.4 Transfer patients receiving blood to maintain vital signs
- R.6 Suspected spinal cord injury (paralysis, diminished motor/sensory function)
- R.7 Unstable pelvic fracture (known or suspected)
- R.8 Bilateral femur fractures (known or suspected)
- R.9 Traumatic amputation/crushed, degloved, mangled, or pulseless injured extremity (excludes isolated hand/foot)
- R.10 Patients with tourniquets to control limb hemorrhage
- R.11 Burns > 10% body surface area (2nd/3rd degree) or with any known or potential airway compromise
- R.12 High voltage electrocution including lightning
- R.13 Any penetrating injury to the head, neck, torso, axilla, or groin
- R.14 Patients with known intracranial bleed on anticoagulation (excluding ASA)

YELLOW

- Y.1 Fall > 20 feet
- Y.2 MVC with ejection and/or intrusion into passenger compartment > 12 inches and/or death of restrained passenger in same vehicle
- Y.3 Auto vs pedestrian/bicyclist/motorcyclist thrown, run over, or with significant (> 20 mph) impact
- Y.4 Crash and/or ejection from motorcycle/ motocross, snowmobile, or ATV with speed > 20 mph

Emergency Medicine Consultant may activate the trauma team for any patient determined to need a TTA response not meeting stated criteria.

MC1887-52rev0418



MAYO Triage Criteria Trauma Program

PEDIATRIC (Age 14 and Under)

RED

- Threatened or compromised airway or ntubated patients
- Respiratory distress signs/symptoms grunting, stridor or retractions
- Heart rate for age (excludes patients with isolated extremity fractures)
 - Age < 1 year: < 80 or > 180
 - Age 1 to 2 years: < 70 or > 170
 - Age 3 to 5 years: < 60 or > 160 Age 6 to 9 years: < 60 or > 150
- Age 10 to 14 years: < 60 or > 145
- Hypotension for age (SBP at any time) Age < 1 year: < 60
 Age 1 to 10 years: < 70 + 2× age

 - Age > 10 years: < 90
- Transfer patients receiving blood to maintain vital signs
- GCS ≤ 12 or deteriorating by 2 associated
- Open or depressed skull fracture or known intra-cranial bleed
- Suspected spinal cord injury (paralysis, diminished motor/sensory function)
- Unstable pelvic fracture (known or suspected)
- Bilateral femur fracture (known or suspected)
- Traumatic amputation/crushed, degloved. mangled, or pulseless injured extremity (excludes isolated hand/foot)
- Patients with tourniquets to control limb hemorrhage
- Burns > 10% body surface area (2nd/3rd degree) or with any known or potential airway
- High voltage electrocution including lightning
- Any penetrating injury to the head, neck, torso, axilla, or groin

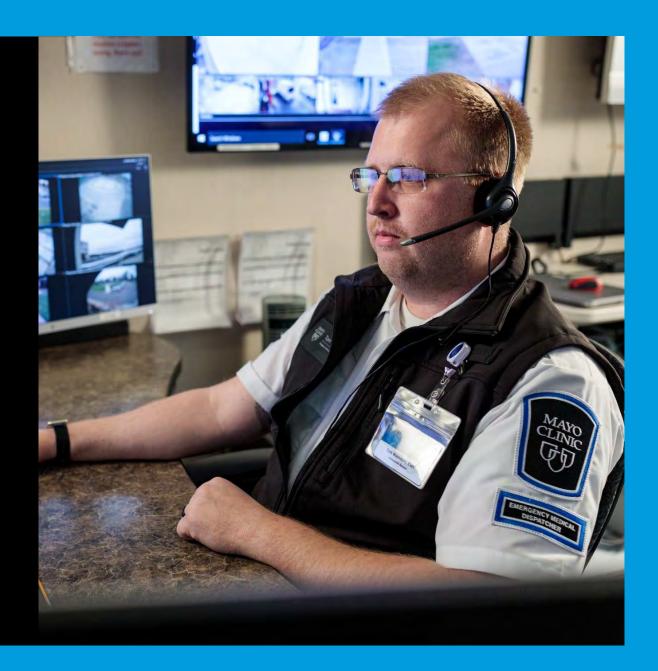
YELLOW

- pY.1 Free, unprotected fall ≥ twice child's height
- pY.2 MVC with ejection and/or intrusion into passenger compartment > 12 inches and/or death of restrained passenger in the same vehicle
- pY.3 Auto vs pedestrian/bicyclist/motorcyclist thrown, run over, or with significant (> 20 mph) impact
- V.4 Crash and/or ejection from motorcycle/ motocross, snowmobile, or ATV with speed > 20 mph

Emergency Medicine Consultant may activate the trauma team for any patient determined to need a TTA response not meeting stated criteria.

AUTOLAUNCH TIME SAVES LIVES!

- Helicopter dispatched simultaneously with other responding agencies
- Established in multiple regions
- Can request an aircraft even if criteria is not met
- May cancel if not needed



LANDING ZONE SAFETY: MAYO CLINIC AMBULANCE SERVICE

https://youtu.be/j8Xyh5mv3OM



ASSIGNING **ROLES**

LZ COORDINATOR

- Chooses landing zone
- Preps landing zone
- Responsible for communication with aircraft

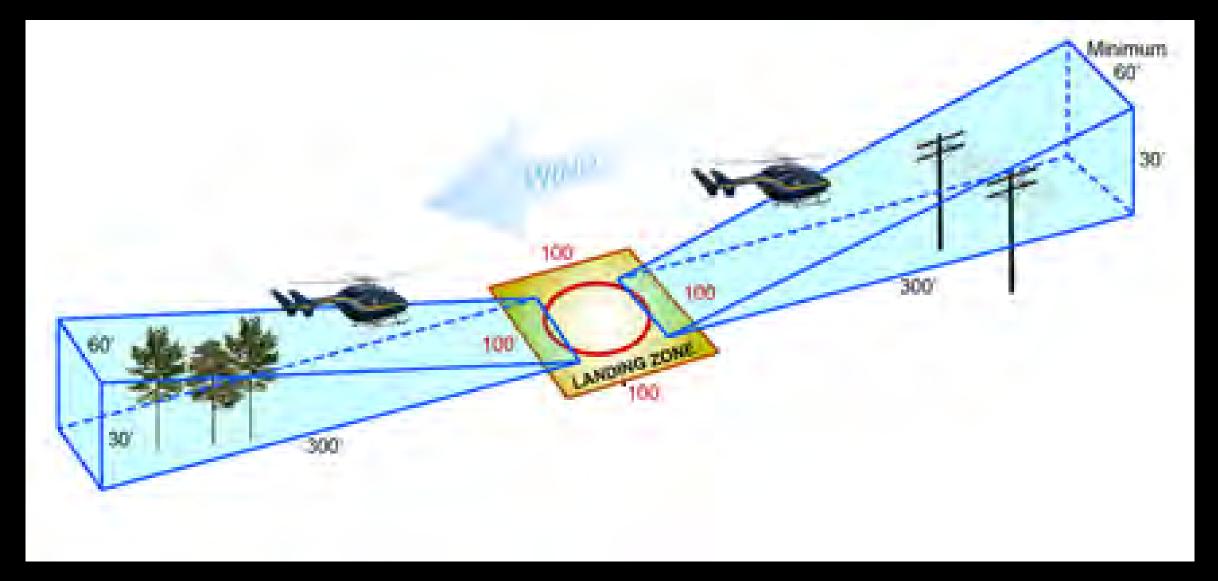
TAIL ROTOR GUARD

- Is positioned at least 50 ft behind aircraft
- Ensures NO ONE / NOTHING approaches the aircraft
- Never leaves this area

LANDING ZONE **SELECTION**

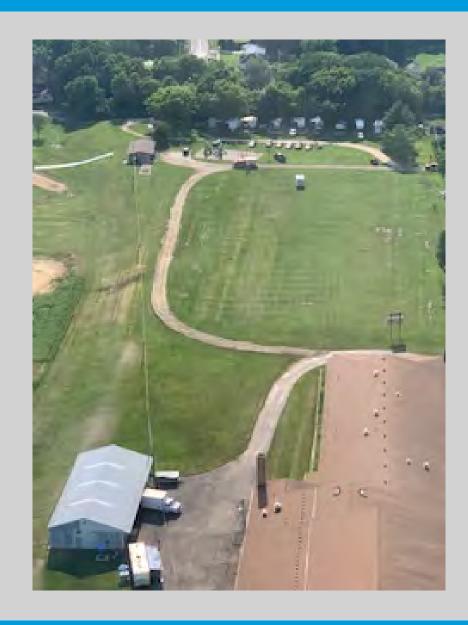
- What works?
- What doesn't?
- What is dangerous?

LANDING ZONE



PREPARING THE **LANDING ZONE**

- Low, medium and high-level scan
- Verify tail rotor guard is in place
- Position vehicles to secure and mark landing zone



RADIO COMMUNICATIONS

- Location-specific frequency assigned by dispatch
- All pertinent information
- Use plain language and visible landmarks
- Mayo Clinic Ambulance Emergency Communications 1-800-237-6822

CLEAR COMMUNICATION IS IMPERATIVE!



LET'S PRACTICE!





THIS IS WHAT YOU SEE



THIS IS WHAT WE SEE



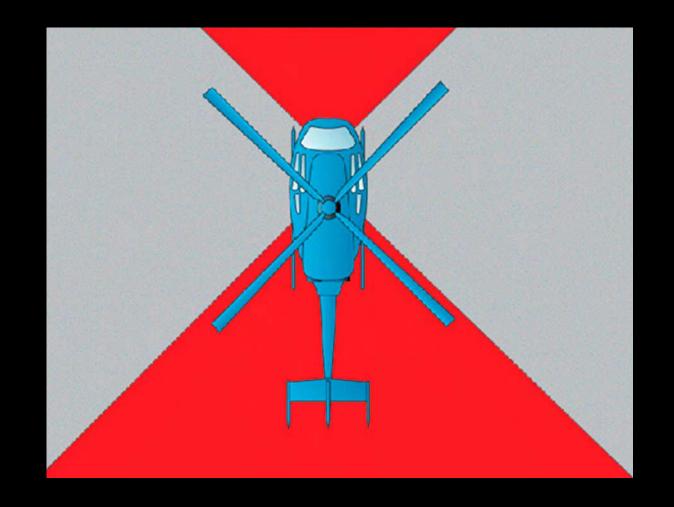
AIRCRAFT FINAL APPROACH

- High altitude scan of LZ prior to landing
- Land into the wind
- Pilot may rotate tail in low hover prior to landing
- Never approach aircraft
- Protect yourself!!



NEVER APPROACH A HELICOPTER!

DANGER ZONES



PATIENT LOADING

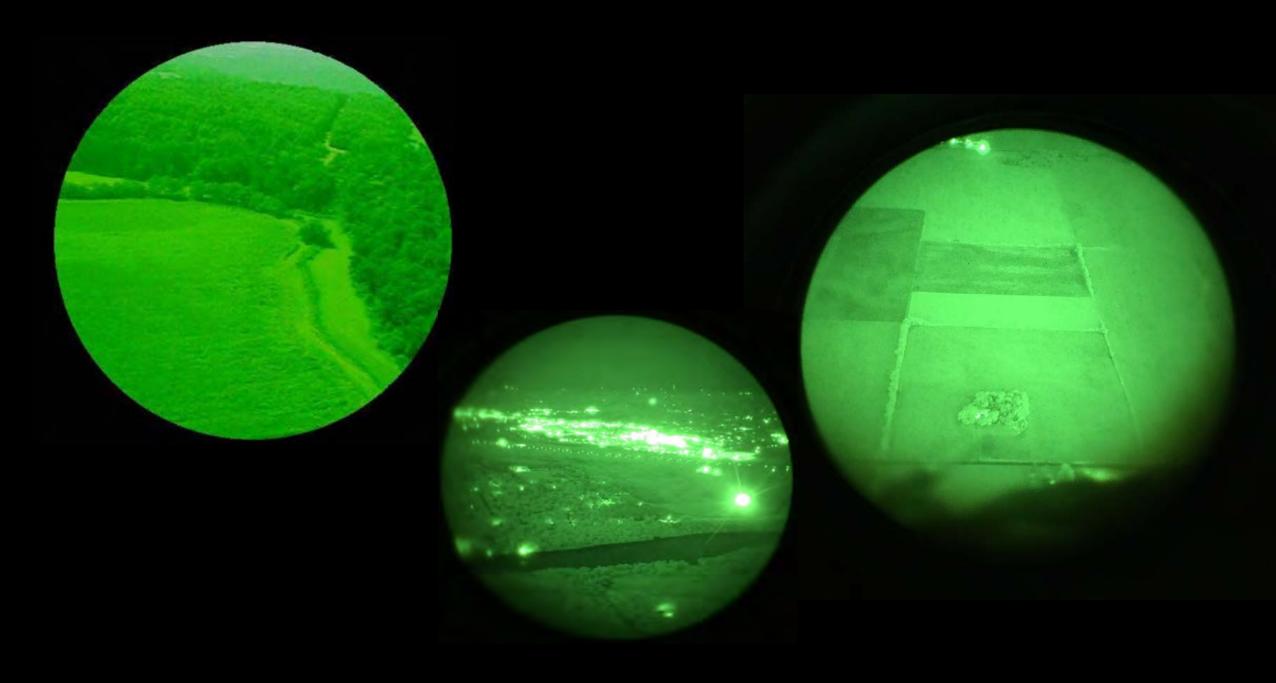
We may ask for your help!



SPECIAL CONSIDERATIONS FOR NIGHT SCENE FLIGHTS







DRONES

Mayo Clinic Ambulance aircraft will not land or take off if a drone is operating in the vicinity



OTHER CONSIDERATIONS

- Weapons
- Search and Rescue
- Multiple Aircraft



WHAT HAPPENS IF WE NEED TO BE RESCUED?

- Wait for blades to stop
- Emergency shutdown
- Emergency door release
- Avoid identified hazardous areas





Emergency Shutdown Procedures Mayo One--N145SM





Step one:

- A) Locate the warning unit on the upper portion of the instrument panel.
- B) Raise the red guard covering the emergency off switch.
- C) Press to release the emergency off switch.
- D) Repeat for the second emergency off switch.
- E) Engine shutdown could take up to 20 seconds.

Aircraft emergency shutdown now complete

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QUESTIONS?





THANK YOU AND STAY SAFE!