



## UNIFIED FIRE AUTHORITY

### OPERATIONAL PROCEDURES AND GUIDELINES

Affiliation: Command Guidelines

Subject: Helicopter Landing Zone

Number: 450-39

Approved: 8/22/2024

By: AC Dustin Dern

Last Reviewed: 8/26/2025

By: BC Nate Bogenschutz

#### **PURPOSE:**

To provide safe landing operations for the helicopter crew, scene personnel, and the public.

#### **PROCEDURE:**

- 1.0 All personnel should be familiar with establishing a safe landing zone, which includes radio communications with the pilot and dispatch.
  - 1.1. The on-scene Incident Commander should consider designating an individual to handle setting up the helicopter landing zone. This individual can be fire or police personnel.
    - 1.1.1. Verify with dispatch what radio frequency will be used for communication with the flight crew.
  - 1.2. Contact pilot via radio and give specific details (use clear/plain English) which include but are not limited to: Identify call sign to pilot, specific location, hazards in area, wind speed/direction, quick patient report for medical personnel, etc...

#### **Landing-zone location**

- 2.0 100 x 100- Open flat area, grass or hard surface, free of hazards such as power lines, trees, light poles, debris, street signs, delineator posts, and any material that may become deadly airborne projectiles. Keep all bystanders a minimum distance of 200x200 away from LZ.
  - 2.1. If scene safety will not be compromised, turn off all emergency lights to minimize distractions to the incoming medical air transport unit.
  - 2.2. The use of flares, flashlights, lasers, and any other bright objects is not recommended, as this is a dangerous distractor to the pilot.

#### **Loading the patient- Hot Load**

- 3.0 Hot loading the patient is a higher-risk procedure due to the helicopter not shutting down.
  - 3.1. Before the helicopter approaches, secure all loose personal objects such as hats, helmets, long hair, stethoscopes, blankets, etc.
  - 3.2. Rotor wash will create flying debris. Protective eyewear is necessary, and the use of helmets and hearing protection should be considered.
  - 3.3. All personnel should remain out of the LZ and stay in full view of the pilot.



## **UNIFIED FIRE AUTHORITY**

### **OPERATIONAL PROCEDURES AND GUIDELINES**

**Affiliation: Command Guidelines**

**Subject: Helicopter Landing Zone**

**Number: 450-39**

**Approved: 8/22/2024**

**By: AC Dustin Dern**

**Last Reviewed: 8/26/2025**

**By: BC Nate Bogenschutz**

- 3.4. The flight crew will come to you. Follow their instructions.
- 3.5. Approach the helicopter from the 3 O'clock or 9 O'clock position. The 3 O'clock position is based on the pilot's "right" side, and the 9 O'clock position is based on the pilot's "left" side. Never approach the helicopter from the rear or from up slope.
- 3.6. Do not raise hands, IV poles, IV bags, or any other object above shoulder height.

#### **Patient Loading- Cold Load**

- 4.0 Cold loading a patient has a much lower risk than a hot load. The helicopter will shut down completely.
  - 4.1. Do not approach LZ until the helicopter has completely shut down and the pilot or flight crew gives a "thumbs up" or communicates via radio that it is safe to approach the LZ.
  - 4.2. The flight crew will come to the patient's location.
  - 4.3. Follow directions from flight crewmembers when loading the patient.

#### **Incident termination**

- 5.0 At the end of the incident, the IC should consider the following: notify dispatch when the helicopter is taking off, the hospital destination, and any additional passengers joining the flight, such as the on-scene paramedic or family member.