

Helicopter Landing Site (HLS) Policy

(HSP025)

V3.0

April 2019

Summary

Process for the notification of works that may require closure of the ED Helipad

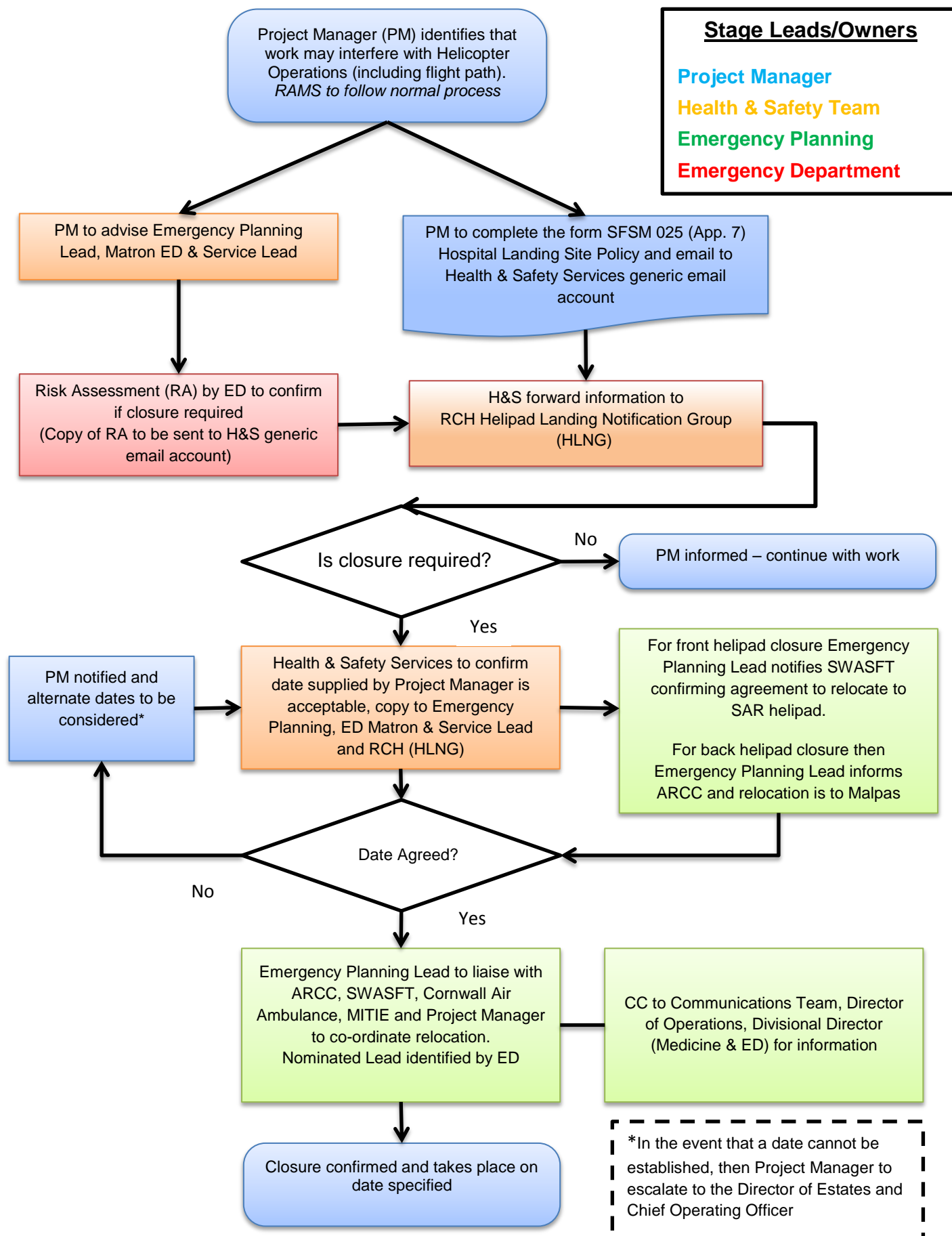


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1. Introduction

- 1.1.** The Royal Cornwall Hospitals NHS Trust recognises and is committed to meeting or exceeding its legal duties under the Health and Safety at Work etc. Act 1974 and the CAP1264: Standards for Helicopter Landing Areas at Hospitals (2016).
- 1.2.** This Helicopter Landing Site (HLS) policy sets out Royal Cornwall Hospitals NHS Trust strategy for compliance of all relevant Health and Safety legislation regarding the two helicopter landing sites which are operational on the Royal Cornwall Hospital, Truro site.
- 1.3.** This document is particularly concerned with the landing of various types of helicopters owned, controlled or operated by others, including but not restricted to the Cornwall Air Ambulance, HM Coastguard, the Royal Navy and the Royal Air Force.
- 1.4.** This document should be read in conjunction with the Trust Health and Safety General Policy and the Incident Reporting Policy.
- 1.5.** The successful implementation of this policy requires the total co-operation and commitment of all members of the Trust management and staff and contractors.
- 1.6.** The special duties of staff detailed herein are in addition to those detailed in the Trust Health and Safety General Policy.
- 1.7.** This policy, procedure and guidance will be reviewed bi-annually.
- 1.8.** This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1.** The Trust aims to achieve or exceed current statutory requirements and strive for excellence of best practice To ensure adequate clinical and operational standards apply at all times, through the application of sound practice, in the reception and departure of helicopters onto the Royal Cornwall Hospital site.
- 2.2.** This document has been created to ensure there is a process whereby procedural documentation currently used during the landing of helicopters on the Royal Cornwall Hospital, Truro site, but produced by different departments and external parties are consistent, and included within one official policy whereby the safety measures surrounding helicopter landings are reinforced and managed.
- 2.3.** The aim of this document is to establish roles and responsibilities for various levels of management to ensure that the risk from helicopter landings within Trust owned or controlled locations are adequately managed, so that, as far as reasonably practicable, no one can come to any harm from helicopter movements.

- 2.4.** To ensure that processes are in place to protect helicopter movements from flying debris created on the Royal Cornwall Hospital site.

3. Scope

- 3.1.** This document is applicable to all Trust staff and contractors involved in any way with operational helicopter landing sites.
- 3.2.** This policy is designed to set out the Trust's arrangements for the management of the helicopter landing sites (HLS) within the Royal Cornwall Hospital, Truro site. Currently, there is no provision for helicopter landing sites at West Cornwall Hospital, Penzance or St Michael's Hospital, Hayle.

4. Definitions / Glossary

- 4.1.** For the purposes of this document the following terms will, unless otherwise stated, apply.

The Trust	The Royal Cornwall Hospitals NHS Trust.
CAP 1264	Options for hospital helipads and provides guidance on their operation and management.
Helicopter Landing Sites (HLS)	A designated area used for the take-off and landing of a helicopter, with or without a permanent landing pad
SAR	Search and Rescue
CAA	Civil Aviation Authority - Aviation regulator and provider of air traffic services.
ARCC	Aeronautical Rescue Coordination Centre
NMCO	National Maritime Operations Centre is the centre responsible for coordinating all Maritime and Coastguard Agency Search and Rescue (SAR) helicopters which is based at Fareham.
HEMS	Helicopter Emergency Medical Service (HEMS). A HEMS flight is an assignment carried out by a helicopter operating under a HEMS approval and aims to facilitate emergency medical assistance where immediate and rapid transportation is essential, they are often responding to serious trauma or emergencies, it functions in life-threatening, time-critical situations.
NPAS	National Police Helicopter Service. The operators of the police helicopter
HMCG	Her Majesty's Coast Guard

- 4.2.** A helicopter landing site (HLS) is a designated piece of land used for the take-off and landing of a helicopter, with or without a permanent landing pad, but without permanent facilities for the assembly and distribution of goods or passengers. A helicopter landing site may range from a permanent constructed landing pad to an unprepared site with no buildings.
- 4.3.** The helicopter landing sites (HLS) at the Royal Cornwall Hospital are designated, pre-surveyed sites and therefore do not require exemptions from normal CAA regulations.
- 4.4.** Aircraft traffic: a specialist field of safety, the Trust has taken guidance from CAP1264 Standard Helicopter Landing Areas at Hospitals: It shall be the guidance used by the Trust to ensure adherence to best practice guidance relating to Hospital Heliports.
- 4.5.** SWASFT have an advisory role in conjunction with ARCC where SAR is involved. The only responsibility for aircraft de-confliction lies with the pilots unless under the instruction of Air Traffic Control at Newquay. The air operators (Police Aviation Services, HMCG et al) would have vicarious liability for the actions of their pilots.
- 4.6.** The hospital landing sites are to provide for medical emergency use (for transfer to/from hospital) only and in particular for the operation of a service or Search and Rescue and occasional transfers by other military helicopters.
- 4.7.** All references to the masculine shall apply to the feminine and the singular to the plural and vice-versa, unless otherwise stated.

5. Ownership and Responsibilities

The Trust Board, managers and staff are responsible for establishing, maintaining and supporting a holistic approach to health and safety management, in all areas of their responsibility. They should comply with the Trust health and safety policies and procedures and ensure effective risk management mechanisms are implemented in accordance with these. Some members of staff and Committees have particular specialist functions in relation to health and safety management as described below.

5.1. Chief Executive and Chief Operating Officer

The Chief Executive Officer has overall accountability for the Trust's Health and Safety management programme and ensuring that this operates effectively. He delegates operational responsibility for practical implementation of this policy to the Chief Operating Officer.

5.2. Executive Directors

All Executive Directors are responsible for overseeing operations and activities within their areas of control, in particular in relation to matters pertaining to the management of health and safety.

5.3. Director of Estates & Facilities

The Director of Estates will ensure that all Heliports within the control of the Trust are maintained to facilitate safe operation; including, but not restricted to:

- 5.3.1 Monthly planned preventative maintenance programme of inspection of surface condition, markings, lighting, signage indicators and fencing with prioritised remedial work as appropriate.
- 5.3.2 Manage and maintain all trees and undergrowth to maintain safe aircraft approach, departure and landing.
- 5.3.3 Ensure that all construction and resurfacing contractors who may be at risk during aircraft movements are fully briefed regarding the hazards posed by helicopters and risk assessments are method statements detail all practicable controls.

5.4. Care Group General Manager (CGGM's)

- 5.4.1 The Care Group General Manager (CGGM) is responsible for ensuring that day-to-day activities of the division are conducted in a safe and suitable manner and this policy is effectively and correctly employed within their own division.
- 5.4.2 Ensure that the Divisional Health & Safety forum monitors and reviews the progress of all incidents.

5.5. Heads of Department

Managers of services that may be affected by Helicopter movements or in close proximity of Hospital Landing sites and associated activities will establish local documented procedural guidelines specific to their own departments

5.6 Safety, Fire & Security Management Department

- 5.6.1 The Trust Health and Safety Manager is the designated safety management advisor for the Trust. He is responsible for advising all staff throughout the organisation on issues relating to areas of risk and adverse incident management.
- 5.6.2 The Safety, Fire & Security Department has overall responsibility for liaising with relevant external agencies, including, but not restricted to, the Health and Safety Executive, Fire and Rescue Service, Local Authority, Environment Agency and other enforcement authorities etc. where their involvement is indicated in respect of incident issues.
- 5.6.3 On receipt of a "HLS Changes and Limitations for Construction" a copy of the form SFSM 025 will be emailed to the Helipad Landing Notification Group (HLNG) which includes South West Ambulance Service and to the

current Helicopter Operators by the Safety, Fire & Security Management Department. (Please refer to flowchart)

- 5.6.4 A member of the SFSM team will also telephone the HEMS desk to confirm helipad closures have been received and revoked.
- 5.6.5 Carry out periodic noise monitoring at the Helicopter Landing Sites.
- 5.6.6 The Safety, Fire & Security Management Department are the contact link for the helicopter operators to raise any site safety issues which may only be visible from the air.
- 5.6.7 The Safety, Fire & Security Management Department are the main contact link for helicopter operations on the RCH site, queries relating to helicopters should be referred to SFSM in the first instance.

5.7 Care Group Manager (Medicine and ED)

- 5.7.1 The Care Group Manager (Medicine and ED) Department will ensure appropriate clinical staff for the reception of patients at the Emergency Department (ED); and,
- 5.7.2 Will ensure regular reviews of the operational management plan concerned with the Helicopter landing site outside ED and notify any amendments to the Safety, Fire & Security Department, refer to Operational Management Plan – Emergency Department and,
- 5.7.3 Ensure a “Link Role” is nominated has regular liaison with Cornwall Air Ambulance and the South West Ambulance Control Centre, and
- 5.7.4 Ensure that appropriate staff are identified, trained and provided with suitable and sufficient information and equipment (PPE) to work so far as is reasonably practicable, without risk in proximity of the Helicopters.

5.8 South West Ambulance Control

- 5.8.1 South West Ambulance Control Centre will be made aware of this document by the Emergency Department’s nominated “Link Role” person.
- 5.8.2 Maintain and provide access to records of all Helicopter transfers to/ from RCH sites.
- 5.8.3 Notify the RCH ED of all incoming flights using the Emergency Line.

5.9 The Head of Facilities & Contracts (Soft Facilities Management)

- 5.9.1 The Head of Facilities & Contracts will ensure appropriate, trained staff to serve as helicopter landing site safety personnel.
- 5.9.2 The Head of Facilities & Contracts will, where necessary, supply additional staff to support patient transfers from the helicopter landing site to the Emergency Department or other appropriate departments.

- 5.9.3 The Head of Facilities & Contracts will ensure that a suitable and sufficient risk assessment is completed and reviewed and provided to the Trust for information and assurance at least annually.
- 5.9.4 The Contract Manager will ensure that:
- 5.9.4.1 A regular review of the operational procedures concerned with the Helicopter landing site outside the Emergency Department is completed and notify the findings to the Safety, Fire & Security Management Department. Refer to Operational Management Plans – Security & Porters Appendix 5 and 6
 - 5.9.4.3 All contractors' personnel involved in operational activities associated with helicopters shall undergo training in relation to the elements of helicopter safety that affect them and their role. This shall include the safety aspects for "ground safety crew" (porters and security personnel).
 - 5.9.4.4 Training records for all Contractor staff working with or in conjunction with helicopters shall be maintained and reviewed on an annual basis providing the Trust Health & Safety Committee with assurance on an annual basis.
 - 5.9.4.5 The Head of Facilities & Contracts will provide quarterly data regarding aircraft activity to the Safety, Fire & Security Management Department within 10 working days of each quarter and on request.
 - 5.9.4.6 The Head of Facilities & Contracts will ensure the Mitie Switchboard / Helpdesk notify Porters and Security of all incoming flights to the primary Helicopter Landing site as a matter of urgency.
 - 5.9.4.7 All Contractors' staff working with or in conjunction with helicopters must be provided with appropriate person protective equipment as detailed within the Operational Management Plan (Security) and (Porters). Appendix 5 & 6 and Risk Assessment. (High Viz jackets must plain orange to allow Helicopter Pilots to identify ground staff with specific responsibility for helicopter duties, Ear defenders should be BS EN352, with a minimum SNR of 32dB.) Plain Orange Hi-Viz should not be worn by any other persons on the RCH site.
 - 5.9.4.8 Risk assessments relating to the operational activities associated with helicopters will be completed and staff members have ready access to them. Where necessary, health surveillance monitoring, specifically relating to noise generated by the helicopter operations will be arranged).

5.10 The Estates Senior Management Team (Operations)

- 5.10.1 The Estates Department will have full responsibility for the overall maintenance of the Helicopter landing sites and the Estates Senior Management Team will ensure that:
- 5.10.2 The helicopter landing sites are inspected on a regular basis.
The maintenance inspection is to ensure that the landing lights, wind socks and other equipment at both locations are secure, in good working order, free from damage and ingress of water and there is no loose debris within the landing site boundary and the programme of inspection is audited.
- 5.10.3 They will also ensure there is a programme in place for regular grass cutting, thorough cleaning and debris removal on each of the helicopter landing sites and the immediate surrounding area and the programme is audited.
- 5.10.4 They will also ensure a regular review of the Estates operational procedures concerned the safe access and working within the confines of the helicopter landing site.
- 5.10.5 Furthermore, they will also ensure that detailed inspection records including service and maintenance histories are kept to ensure that any suspected cause of any subsequent incident can be checked against inspection and maintenance records.

5.11 Project Managers

- 5.11.1 All Project Managers must ensure that where proposed construction or alteration works on a project under their control may impact on either of the Trust Helicopter Landing sites, the "HLS Changes and Limitations for Construction" Appendix 7 pro-forma (SFSM Form 025) and must be completed and sent to the Safety, Fire & Security Management Department by email as soon as possible.
- 5.11.2 Project Managers should liaise directly with the Emergency Planning Lead, as detailed within the flowchart.

5.12 All Staff

- 5.12.1 All employees are required to take reasonable care to ensure the safety of themselves, their colleagues, patients and members of the public. Staff members are responsible for complying with all risk assessments and policies relating to the helicopter landing sites.
- 5.12.2 All staff members have a responsibility to safeguard the safety of the helicopter in so much as to ensure the helicopter landing site is unobstructed, free of loose debris etc. This can be achieved by reporting through to Estates using the reporting system

- 5.12.3 All staff must ensure that all incidents relating to helicopters or the helicopter landing sites are recorded using the Datix system, regardless of the outcome, in an accurate and timely manner.
- 5.12.4 All staff must co-operate with the Trust on matters relating to this policy and assist on providing information for any investigation as required.
- 5.12.5 All personnel involved in operational activities associated with helicopters shall participate in training in relation to the elements of helicopter safety that affect them and their role.
- 5.12.6 Training records for all staff working with or in conjunction with helicopters shall be maintained by Learning and Development and reviewed on an annual basis.
- 5.12.7 All staff working with or in conjunction with helicopters must be provided with appropriate safety clothing (High Visibility Jacket, and Hearing Protection etc.)
- 5.12.8 It is the duty of all employees to follow the safety rules when working around helicopters and their landing sites.
- 5.12.9 Never reach up or chase after items that blow away into the helicopter landing site during aircraft movements.
- 5.12.10 If dust / dirt enters your eyes, move away from the vicinity of the helicopter, and / or landing pad if you can, then stop, crouch or sit down, cover your eyes and wait for help to come to you.
- 5.12.11 Never approach during start-up or shut-down of the helicopter without authorisation from the Pilot.
- 5.12.12 Always approach or leave a helicopter from the side or front, and only when escorted by a member of the aircrew (Fig 1).

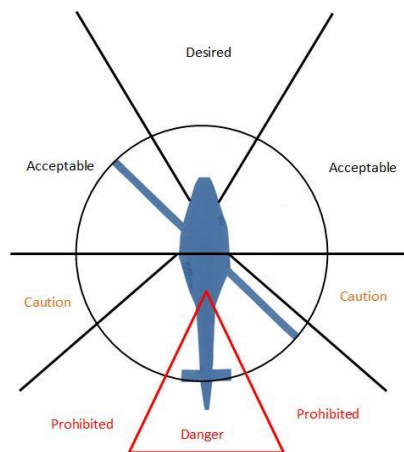


Fig 1. Helicopter Approach Zones

5.13 Helicopter Movements

- 5.13.1 HEMS flights, generally the Cornwall Air Ambulance, flying directly to the scene and taking an unstable casualty as quickly as possible to the nearest appropriate hospital (RCH), before the condition overwhelms the patient.
- 5.13.2 HEMS flights usually make use of the primary (front) helicopter landing site outside the Emergency Department at the Royal Cornwall Hospital (see Appendix 3).
- 5.13.3 Air Ambulance missions are usually planned in advance, and can provide for the subsequent transfer for patients. These air ambulance missions initially deliver the patient to a helicopter landing site for subsequent transfer to the Emergency or other department by a road crew. The transfer is undertaken in order to expedite their on-going care.
- 5.13.4 The helicopter landing sites are also used to transfer time critical patients of all levels. This may involve transfers to and from Critical Care Units, but also tertiary transfers from other hospital wards and departments. In such cases the helicopter landing site at the front of the Emergency Department may be used. However, use of the secondary (rear) helicopter landing site is preferred.
- 5.13.5 Air Ambulance missions usually make use of the rear helicopter landing site near the Sterile Stores Department at the Royal Cornwall Hospital (see Appendix 3) lands are generally met by a land ambulance for onward transfer.
- 5.13.6 Records of all helicopter movements to and from the helicopter landing sites at the Royal Cornwall Hospital, Truro are maintained by South West Ambulance Trust and must be available for inspection by Trust Safety, Fire & Security Management Department upon request.

6. Standards and Practice

6.1 Helicopter Operational Contractor – Safety Measures

- 6.1.1 The final decision on whether or not to land during helicopter missions to the hospital's helicopter landing sites, shall at all times rest with the pilot of the aircraft.

6.2 Operational Management Plan – Emergency Department

- 6.2.1 The current operational management plan between the Cornwall Air Ambulance and the Emergency Department; providing actions and response time frames etc. is attached in Appendix 4.

6.3 Operational Management Plan – Hotel Services Contractor (Security & Porters)

- 6.3.1 The operational management plan for the involvement of the security officers, providing actions and response time frames etc. is attached in Appendix 5.
- 6.3.2 The current operational management plan for the involvement of the Portering team, providing actions and response time frames etc. is attached in Appendix 6.

6.4 Operational Management Plan – Switchboard

- 6.4.1 On receipt of notification at Switchboard of a flight to the rear helicopter landing site. Switchboard notifies Patient Services (ext. 2901) so that they may record any helicopter flights over the car parking areas
- 6.4.2 Immediately upon receiving a notification of an incoming flight, Switchboard Operator will notify the Security and Porters Controller to despatch appropriately trained staff to the primary (front) Helicopter Landing Site.
- 6.4.3 Any unusual calls received at Switchboard relating to the helicopter landing sites are relayed through to the Safety, Fire & Security Management Department.

6.5 Notification of Construction Work

- 6.5.1 The Project Manager undertaking construction or alterations project in the vicinity of the helicopter landing sites or approach of departure routes must ensure that the relevant “HLS Changes and limitations for Construction” pro-forma (Appendix 7) must be submitted to the Safety, Fire & Security Management Department at least one week prior to the works.
- 6.5.2 Areas of construction work which may affect the helicopter approach and departure routes should also be considered.
 - 6.5.2.1 The approach for the front helicopter landing site is from the Golf Course along the front of the Tower Block and then through the helicopter landing site and out between Trelawny Wing and the Knowledge Spa.
 - 6.5.2.2 The approach for the rear helicopter landing site will depend on wind conditions but will generally be in the same direction (prevailing winds) or any other into-wind lane except directly towards or over the hospital buildings where possible.

6.6 Notification of Use of the Helicopter Landing Site by Others

- 6.6.1 The Police helicopter is operated by the National Police Air Service (NPAS), Children's Air Ambulance and Military Aircraft, which can be called upon to function in the air ambulance mission role; under these circumstances the pilot may select either of the helicopter landing sites, depending on circumstances.

6.7 Pilot Training & Familiarisation

- 6.7.1 The Royal Cornwall Hospital helicopter landing sites are designated, pre-surveyed sites, there are several visible emergency landing areas, however pilots should be aware that there is an active Golf course in the immediate area. Therefore to ensure that sufficient information (visual cues, defined areas and positional markings) are available to the pilot in command of the helicopter, there will be times, when by negotiation with the Royal Cornwall Hospital NHS Trust and flight control, pilot training and familiarisation will need to take place at the hospital landing sites.
- 6.7.2 Any training and familiarisation flights must be officially notified and agreed in advance with the Safety, Fire & Security Management Department at the Royal Cornwall Hospital, who can be contacted via the main hospital switchboard 01872 25000.

7. Dissemination and Implementation

- 7.1 Once consultation has been undertaken the final published document will be held centrally within the online Document Library and be available to both staff and members of the public.
- 7.2 Upon publication, awareness to all staff will be raised by notification within the Trust "Daily Bulletin" and through Health and Safety Committee feedback from both management and staff representatives.
- 7.3 Care Group Managers will ensure that the contents of this document are highlighted to staff through regular divisional meetings.

8. Monitoring compliance and effectiveness

Element to be monitored	Compliance with the undertaking of local risk assessments and production and review of local procedures
Lead	Health and Safety Committee
Tool	Divisional Reports to the Health and Safety Committee.
Frequency	Health and Safety Advisors report and divisional reports to the Health and Safety Committee
Reporting arrangements	Reports received by the Health and Safety Committee as detailed above and reported in accordance with the Committee Terms of Reference.

Acting on recommendations and Lead(s)	Health and Safety Committee will request action from Divisional Representatives; and escalate to Governance Committee as required.
Change in practice and lessons to be shared	Where issues are identified within reports; all such comments will be fed back to the relevant area by the appropriate representative on the committee within a timeframe identified by the Committee.

9. Updating and Review

- 9.1 This document will be reviewed bi-annually and/or in the event of any significant change within the organisational structure/management arrangements and subject to consultation via the Trust Health and Safety Committee.
- 9.2 Appendices and the associated documentation regarding this policy may be reviewed/revised at any time in consultation with the the Safety, Fire & Security Management Department without formal review being undertaken by the Health and Safety Committee, provided that the amendments do not impact upon the general arrangements made within the policy.
- 9.3 Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement".

- 10.1 Equality Impact Assessment
The Initial Equality Impact Assessment Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Helicopter Landing Site (HLS) - Policy (HSP025)		
Date Issued/Approved:	1 st April 2019		
Date Valid From:	April 2019		
Date Valid To:	April 2022		
Directorate / Department responsible (author/owner):	Natasha Quick Senior Health & Safety Advisor		
Contact details:	01872 25 2130		
Brief summary of contents	Trust arrangements to ensure that the risk from helicopter landing sites (HLS) within Trust owned or controlled locations are adequately managed, so that, as far as reasonably practicable no one can come to any harm from helicopter landings.		
Suggested Keywords:	Health, Safety, Helicopter, Helipad, landing site, air ambulance, emergency, aircraft		
Target Audience	RCHT ✓	CFT	KCCG
Executive Director responsible for Policy:	Director of Operations		
Date revised:	21 st March 2019		
This document replaces (exact title of previous version):	Helicopter Landing Site (HLS) - Policy, Procedures and Guidance (V3.0) (HSP025)		
Approval route (names of committees)/consultation:	Health & Safety Committee		
Care Group General manager confirming approval processes	J. Robin Gatenby		
Name and Post Title of additional signatories	Not Required		
Signature of Executive Director giving approval	{Original Copy Signed} Chief Operating Officer		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Chief Operating Officer\Health, Safety and Fire		
Links to key external standards	Health and Safety at Work etc. Act 1974 Management of Health & Safety Regulations 1999 CQC Regulation 10 CAP1264		

Related Documents:	Risk Management Policy Risk Management Strategy Health & Safety Policy Incident Reporting Policy and Procedure Operational Management Plan – Emergency Department Operational Management Plan – Hotel Services (Porters and Security)
Training Need Identified?	Yes, training in the operational management plans.

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
01 May 14	V1.0	New Policy	J Robin Gatenby Health & Safety Manager
01 Jan 2016	V1.1	Addition of Flow	Natasha Quick Health & Safety Adviser
April 2016	V2.0	Full Review	J Robin Gatenby Health & Safety Manager
March 2019	V3.0	Minor amendments: Amend role/job title changes, removal of duplicate paragraphs, amendment of Fig.1; Change to standard type of ear defender to be worn, clarification of colour of high-viz jackets to be worn by ground safety staff. Additional action operational phone call to HEMS desk.	Natasha Quick Health & Safety Advisor

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as <i>policy</i>) (Provide brief description): Helicopter Landing Site (HLS) – Policy (HSP025)						
Directorate and service area: Safety, Fire & Security Management			Is this a new or existing Policy? Existing.			
Name of individual completing assessment: Natasha Quick			Telephone: 2266			
1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?		To outline the Trust's position for the management of its statutory compliance with the regard to the safe operation of the helicopter landing sites on the Royal Cornwall Hospital Site, Truro. Acknowledging recognition of the HLS strategic position for SAR operations for the South West of Cornwall.				
2. Policy Objectives*		Establish roles and responsibilities for various levels of management to ensure that the risk from helicopter landing sites (HLS) within Trust owned or controlled locations are adequately managed, so that, as far as reasonably practicable no one can come to any harm from helicopter landings.				
3. Policy – intended Outcomes*		Ensure a safe environment for all staff, patients, visitors and contractors with regard to combining procedural documentation currently used during the landing of helicopters on the Royal Cornwall Hospital, Truro site.				
4. *How will you measure the outcome?		Through incident reporting monitored existing health and safety committee reports. Completion of local Risk Assessments and updated Operational Management Plan (Emergency Department and Hotel Services/Mitie)				
5. Who is intended to benefit from the policy?		All Trust stakeholders				
6 a). Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
		X			X	
b). Please identify the groups who have been consulted about this procedure. c.)What was the outcome of the consultation?		Please record specific names of groups				
		Health and Safety Committee The policy was tabled at the above committee meetings. Comments and feedback made have been taken into consideration and amendments made as required				

7. The Impact			
Please complete the following table.			
Are there concerns that the policy could have differential impact on:			
Equality Strands:	Yes	No	Rationale for Assessment / Existing Evidence
Age		✓	This Policy does not impact on age
Sex (male, female, trans-gender / gender reassignment)		✓	This Policy does not impact on gender
Race / Ethnic communities /groups		✓	This Policy does not impact on race, ethnic communities or groups
Disability - Learning disability, physical disability, sensory impairment and mental health problems		✓	This Policy does not impact on disability
Religion / other beliefs		✓	This Policy does not impact on religion or other beliefs
Marriage and civil partnership		✓	This Policy does not impact on marriage and civil partnership
Pregnancy and maternity		✓	This Policy does not impact on pregnancy or maternity
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		✓	This Policy does not impact on sexual orientation
You will need to continue to a full Equality Impact Assessment if the following have been highlighted: <ul style="list-style-type: none"> • You have ticked “Yes” in any column above and • No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or • Major service redesign or development 			
8. Please indicate if a full equality analysis is recommended.		Yes	No: ✓
9. If you are not recommending a Full Impact assessment please explain why.			
No impact identified			
Signature of policy developer / lead manager / director		Date of completion and submission	
Natasha Quick		April 2019	
Names and signatures of members carrying out the Screening Assessment	1. Head of Safety, Fire & Security Management 2. Policy Review Group (PRG)		PRG APPROVED

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
 c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
 Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust's web site.

Signed: N Quick

Date: 4th April 2019

Appendix 3. RCH – Helicopter Landing Sites (Aerial View)

Rear Helicopter Landing Site (Air Ambulance Missions, Search and Rescue etc.)

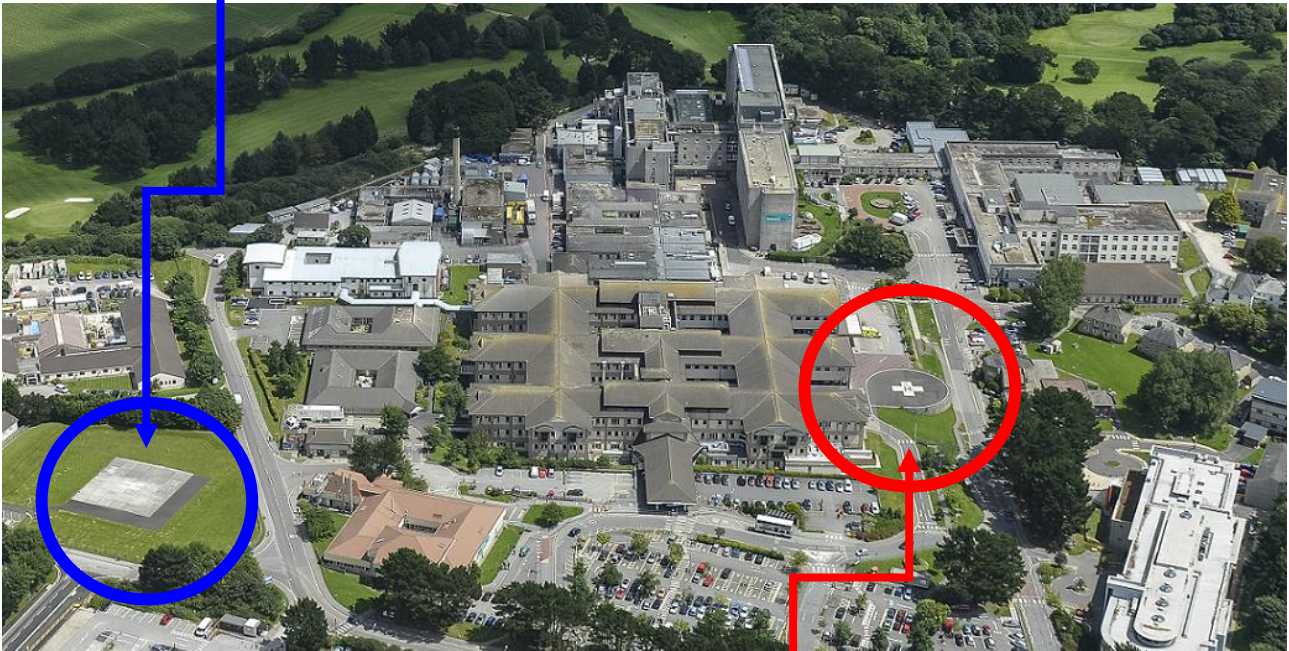


Image: © RCHT 2013

Primary (Front) Helicopter Landing Site (HEMS flights only)

HEMS (Air Ambulance) flights may land on either of the helicopter landing sites, the front helicopter landing site is not large enough to accommodate larger aircraft such as Search and Rescue (SAR).

Appendix 4. Operational Management Plan (Emergency Department)

Emergency Department - Air Ambulance Procedure

The following procedure shall be exercised whenever an Air Ambulance lands immediately outside the Emergency Department at the Royal Cornwall Hospital, Truro.

THE ALERT

1. The ED department will be notified by ambulance control of any impending landing with reasonable notice. Ideally notification should be in the order of **TEN MINUTES** prior to landing, with a minimum of **FIVE MINUTES** in exceptional circumstances. In the event of subsequent unforeseen delays to the ETA, once the initial alert has been raised, Ambulance Control is to keep the ED Department fully informed with updated ETA times.
2. All messages from the Air Ambulance concerning ETA's will be IMMEDIATELY passed on to ED from Ambulance Control who, in turn will notify the switchboard. The soft facilities management contactor (Switchboard/Mitie Helpdesk) will allocate the task to the appropriate porters/security over the internal radio system.
3. The ED department will manage (on a daily basis) the "Helipad Open/ Closed" board for both Helicopter Landing sites.

THE RESPONSE

1. The Switchboard/Mitie Helpdesk is to allocate four trained staff (from the soft facilities management contractor) to attend the area outside the ED Department IMMEDIATELY. In exceptional circumstances, where one or more are unable to attend, the Switchboard/Mitie Helpdesk will advise the ED, who will then designate the required members of Nursing staff from the ED Department to take their places. The members of the ED staff will be designated by the Nurse in charge.
2. The vehicle access barriers will be lowered by one member of staff, while a second person in attendance is to act as 'lookout' to assist in the safe lowering of the barriers.
3. Before the helicopter can land the automatic doors of the ED and Urgent Care must be locked. Co-ordination of this activity will take place using the control pad which also operates the barriers. The doors will remain locked until the helicopter has landed and the rotor blades have stopped turning.
4. Both members of porter / ED staff must then position themselves, one by each barrier. It is essential that the barriers are down before the helicopter lands.
5. ED staff designated to meet the incoming patient from the aircraft must remain in the building until the aircraft has landed.
6. Where Ambulance Control has indicated the patient's condition required immediate medical/ nursing staff attendance, ED Staff will don the appropriate PPE to approach the aircraft.

The Urgent Care service doors are also recognised as fire exit doors. In the event of a fire within the building at the precise time the helicopter is landing, it will be the responsibility of the Urgent Care Entrance to risk assess and determine whether the fire doors should be opened.

NOTE: The area must be clear of vehicles and persons before the helicopter can land.

The helicopter will usually depart in a “backwards and upwards” motion. Once it transitions to forward flight, then it is safe to assume that it will not return to the landing site and the barriers may be opened.

It is conceivable that the helicopter may experience an emergency that requires an immediate landing back onto the landing site.

The barriers can be lifted and the doors unlocked while the helicopter is down provided the helicopter is switched off and the rotor blades have stopped.

TAKE OFF

1. Before the helicopter rotor blades start to turn, the doors to the ED and the Acute GP service must be locked and the barriers lowered by one of the Porters/members of staff. The doors must remain locked, and the barriers must remain down, until the helicopter has taken off and is well away from the landing site.
2. Once the helicopter has taken off and is well away from the landing site the barriers may be lifted and the door unlocked. The Porters/member of staff may then stand down and notify their supervisor that they have completed the Air Ambulance duties.

TRAINING

1. Adequate Information, instruction training and supervision will be provided by a competent person, i.e. Air Ambulance Liaison Nurse, Air Ambulance Pilot, on all aspects concerning the landing and take-off by the Air Ambulance.

PERSONAL IDENTIFICATION CLOTHING

1. The staff involved with securing the HLS in the vicinity of the ED Department will wear orange Hi-viz coats provided to enable the pilot to identify safety personnel on duty.

HELIPAD CLOSURE NOTIFICATION EMAIL GROUP

The ED Consultant, the ED MAU & Urgent Care Matron, the Clinical Matron Emergency Care, the ED Band 7's and ED Band 6's are all part of the RCH Helipad Notifications Group.

The HEMS desk will also be contacted by telephone by a member of the Safety, Fire & Security Team to confirm Helipad Closures are received and revoked in a timely manner.

HELIPAD CLOSURE NOTIFICATION BOARD

The ED department will physically update the Helipad Closure Board which is located in the Emergency Department.

Appendix 5 - Operational Management Plan – Security

Royal Cornwall Hospitals Trust Security Services

Task Description

Air One (Air Ambulance)

Summary: This task describes the process used during an Air One (Air Ambulance) landing at the hospital site

Manpower: 2 Trained Security Officers

Equipment: Various Personal Protection Equipment (Orange High Viz Jacket, Eye Protection & Ear Defenders) Must be worn at all times

Procedure:

- a) Control Desk will receive a call giving an estimated time of arrival of the Air Ambulance. The Controller will radio the two Security officers on shift.
- b) The two Security Officers will make their way to ED ambulance entrance
- c) There is a cupboard located near the helipad entrance containing all the necessary PPE equipment for this task, orange High Visibility jacket, Eye Protection & Ear Defenders. Both Security Officers must wear this equipment before making their way out to the helipad.
- d) Two members of the security team will meet the porters at the entrance as there are 4 main walkways that need to be secured during the landing and taking off process.
- e) One porter will make his/her way to the barrier gate to the west of the ambulatory care entrance.
- f) The other porter remains with the barrier control panel at A&E main entrance.
- g) The two security guards will marshal both ends of the lower path walkway in front of the helipad.
- h) The porter by main A&E entrance presses the buttons to shut the barrier gates down and lock the doors to ED that are normally accessible from the main front entrance by helipad.

- j) From this moment it is essential that no person/persons are allowed to walk along the main footpath below the Helipad area.
- k) Once the Air Ambulance has landed and the patient has been moved inside the building, the barriers may be raised and doors unlocked again. Both security guards and porter by main entrance must remain at the area for when the Air Ambulance takes off again (unless told to stand down due to delay). The second porter may radio switchboard/helpdesk and leave the area but, must pass his/her PPE equipment to a member of ED staff before clearing from the area to cover his/her position by the helipad for take-off.
- l) On take-off. All barriers and doors must be locked again and all people refused access to that area. Once the Air ambulance is clear from the helipad, all barriers and doors may be accessible again by people. All PPE must be returned to the store in ED entrance. Security officers must then radio switchboard/helpdesk to clear from the task.

NOTE:

The area must be clear of vehicles and persons before the helicopter can land
The helicopter will usually depart in a “backwards and upwards” motion. It is conceivable that the helicopter may experience an emergency that requires an immediate landing back onto the landing site. Once it transitions to forward flight, then it is safe to assume that it will not return to the landing site and the barriers may be opened.

The barriers can be lifted and the doors unlocked while the helicopter is down provided the helicopter is switched off and the rotor blades have stopped.

Appendix 6. Operational Management Plan – Porters

Royal Cornwall Hospitals Trust Portering Services

Task Description

Air One (Air Ambulance)

Summary: This task describes the process used during an Air One (Air Ambulance) landing at the hospital site

Manpower: 2 Trained Porters

Equipment: Various Personal Protection Equipment (Orange/ High Viz Jacket, Goggles & Ear Defenders) Must be worn at all times

Procedure:

- a) Switchboard/helpdesk will receive a call giving an estimated time of arrival of the Air Ambulance. The person manning the desk will radio the next 2 porters on the jobs list.
- b) Both porters make their way to ED helipad entrance to shut the necessary barriers for this procedure.
- c) There is a cupboard located near the helipad entrance containing all the necessary PPE equipment for this task, orange High Viz Jacket, Goggles & Ear Defenders. Both porters must wear this equipment before making their way out to the helipad.
- d) 2 members of the security team will meet the porters at the entrance as there are 4 main walkways that need to be covered during the landing and taking off process.
- e) One porter makes his/her way to the barrier gate next to the main general public access for A&E.
- f) The other porter remains with the barrier control panel at A&E main entrance.
- g) The 2 security guards will cover both ends of the lower path walkway in front of the helipad.
- h) The porter by main ED entrance presses the buttons to shut the barrier gates down and lock the doors to ED that are normally accessible from the main front entrance by helipad.

- i) From this moment it is essential that no person/persons are allowed to walk across the main Front Entrance/Helipad area.
- j) Once the Air Ambulance has landed and the patient has been moved inside the building, the barriers may be raised and doors unlocked again. Both security guards and porter by main entrance must remain at the area for when the Air ambulance takes off again (unless told to stand down due to delay). The second porter may radio switchboard/helpdesk and leave the area but, must pass his/her PPE equipment to a member of A&E staff before clearing from the area to cover his/her position by the helipad for take-off.
- k) On take-off. All barriers and doors must be locked again and all people refused access to that area. Once the Air ambulance is clear from the helipad, all barriers and doors may be accessible again by people. All PPE must be returned to the store by main ED entrance. Porter(s) must then radio switchboard/helpdesk to clear from the task.

NOTE:

The area must be clear of vehicles and persons before the helicopter can land. It is conceivable that the helicopter may experience an emergency that requires an immediate landing back onto the landing site.

The helicopter will usually depart in a “backwards and upwards” motion. Once it transitions to forward flight, then it is safe to assume that it will not return to the landing site and the barriers may be opened.

The barriers can be lifted and the doors unlocked while the helicopter is down provided the helicopter is switched off and the rotor blades have stopped.

Notice of Proposed Works Impacting on Aircraft Movements

For HASA use only HM Coastguard ☒ SWAST ☐ CAA ☐

1. Sponsor: (person, company proposing this action)

Name: [Click here to enter text.](#) **Company/Organisation:** [Click here to enter text.](#)

Address: [Click here to enter text.](#)

County: [Click here to enter text.](#) **Postcode:** [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Mobile Telephone: (onsite contact) [Click here to enter text.](#)

2. Sponsor representative (if different to #1 above):

Name: [Click here to enter text..](#)

Address: [Click here to enter text..](#)

County: [Click here to enter text..](#) **Postcode:** [Click here to enter text..](#)

Telephone: [Click here to enter text.](#)

Mobile Telephone [Click here to enter text.](#)

3. Notice of: New Construction ☐ Alteration ☐ Existing ☐

4. Duration: Permanent ☐ Temporary ☐

[Click here to enter text](#) Weeks [Click here to enter text](#) Days

5. Work Dates/Time Commencing: [Click here to enter a date](#) [Click here to enter text.](#)

End [Click here to enter a date](#) [Click here to enter text.](#)

6. Type of works: Building ☐ Crane ☐ Power Line ☐

Water Tank ☐ Landfill ☐ Antenna Tower ☐

Other: ☐ (Specify) [Click here to enter text.](#)

7. Description of Location [Click here to enter text.](#)

8. Site Elevation: [Click here to enter text.](#)

(Attach plan/map with site and precise location of works marked)

9. Total Structure Height: [Click here to enter text.](#)

10. Overall Height: [Click here to enter text.](#)

11. Complete Description of the Proposal: [Click here to enter text.](#)

12. Details of Person filing notice:

Print Name: [Click here to enter text.](#) **Title:** [Click here to enter text.](#) **Date:** [Click here to enter text.](#)

On completion please forward to the Trust Health and Safety Team: rch.tr-healthandsafety@nhs.net