

# Northern Emirates HEMS Sharjah Air wing (SAW)



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### Record of Amendments

AMENDMENT NUMBER	DATE ENTERED	ENTERED BY
Initial Draft	June 2021	Michael O'Connor

APPROVAL & SIGN OFF

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## ABBREVIATIONS

HEMS	Helicopter Emergency Medical Services
UAE	United Arab Emirates
ATC	Air Traffic Control
SAW	Sharjah Air wing
GCAA	General Authority of Civil Aviation
NA	National Ambulance
CAR	Civil Aviation Regulations
SOP	Standard Operating Procedure
RFM	Rotorcraft Flight Manual
PIC	Pilot in Command
SIC	Second in Command
CDC	Center for Disease Control
SMS	Safety Management System
AMSL	Above Mean Sea Level
AGL	Above Ground Level
Ft.	Feet (unit of measurement)
m	Meters (unit of measurement)
HOC	HEMS Operations Centre
RTO	Radio Telephone Operator
NA	National Ambulance
MD	Medical Director
BLS	Basic Life Support
ALS	Advanced Life Support
ePCR	(Electronic) Patient Report Form
CAD	Computer Aided Dispatch
ETA	Estimated Time of Arrival
PPE	Personal Protective Equipment
OCC	Operations Control Centre
CGP	Clinical Guideline Policy and Procedure

## AVIATION DEFINITIONS

- The term “**crewmember**” is used to encompass both pilots and medical aircrew.
- The terms “**shall**” and “**must**” indicate that compliance is compulsory.
- The term “**should**” indicates a recommendation. It does not mean that compliance is optional but rather that, where insurmountable difficulties exist, an alternative means of compliance may be acceptable provided that the level of safety is not reduced below that intended by the recommendation.
- The terms “**can**” and “**may**” are used in a permissive sense to state authority or permission to perform the prescribed act.
- The term “**will**” be used to express the future.
- The term “**includes**” means “**includes but is not limited to**”

## INTRODUCTION

National Ambulance, in coordination with Sharjah MOI Air wing, has developed these SOPs with the purpose of conducting HEMS operations for the Northern Emirates of UAE.

A copy of this document is to be made available to all HEMS Flight Crew, Police Air wing and National Ambulance.

The CARs, Police Operations and all applicable RFMs form the basis of these procedures. In the case of any conflict between specific operating conditions and procedures, Police Operations take precedence.

Police Management in conjunction with NA Operations management is responsible for maintaining a record of crew signatures certifying that this document has been read and will be adhered to. No amendments are to be made to this document without the express authorization of the Police Operation Director and NA COO. All approved amendments are to be clearly recorded in the **Record of Amendments** page included in this document.

Crews are reminded that their primary responsibility is to ensure the safe operation of the helicopter and the safety of crewmembers at all times.

In addition to this SOP, all National Ambulance Policies and Procedures are considered a part of this agreement as they are reviewed on a more frequent timeframe and ensure National Ambulance is compliant with Joint Commission International Accreditation and the International Organization for Standardization.

The SOPs contained in this document may be deviated from in circumstances that render such deviation absolutely necessary in the interests of safety or as deemed necessary by Police operations.

## SECTION 1



## SAFETY



## SOP 1.1 General Aircraft Safety

**PURPOSE:** To list the procedures that are to be followed whilst in and around the aircraft.

**POLICY:** All crewmembers shall adhere to the following procedures to ensure safety.

**PROCEDURE:**

1. All equipment shall be secured before each flight. The loss of the smallest item, such as a rag or tie-down rope from the cabin, could mean the loss of an aircraft, property and/or life.
2. The medical aircrew shall notify the pilots of any addition or removal of medical equipment from the aircraft in order to assist the pilots in determining accurate weight and balance computations. Additionally, the medical aircrew shall be responsible for weighing all medical equipment and supplies. The Pilot in Command and Maintenance Engineer shall be advised prior to the permanent addition or removal of any equipment to an aircraft and the Basic Operating Weight adjusted accordingly.
3. The crewmembers shall perform a safety walk around prior to boarding the aircraft.
4. The crewmembers shall wear seat belts and shoulder harnesses during take-off, landing and in flight when patient care permits or when advised by PIC.
5. The medical aircrew shall notify the PIC prior to unbuckling their seat belt or shoulder harness.
6. Seat belts and shoulder harnesses shall be buckled in place when not in use.
7. All crewmembers shall wear hearing protection at all times around a running aircraft.
8. The medical aircrew shall assist the pilots in watching for other aircraft, clearing the tail of the aircraft, clearing the main rotor blades and watching for any hazard that should be brought to the pilots' attention.
9. The medical aircrew shall not disembark the aircraft without the PIC's permission.
10. The PIC has the final authority for the safety of the flight, the selection of landing areas, continuing or cancelling a flight, all loading of equipment and anything else related to the operation of the aircraft.
11. If, at any time and for whatever reason, the PIC determines that the mission cannot be accomplished safely the flight shall be aborted and, if possible, the aircraft flown back to base.

12. If, at any time and for whatever reason, the SIC or a member of the medical aircrew is uncomfortable flying they should request that the flight be aborted and returned safely to base at the discretion of the PIC.
13. All carry-on baggage must be inspected for hazardous materials prior to placing it in the aircraft. No hazardous materials shall be carried onboard the aircraft.
14. Nothing shall be thrown from the aircraft.
15. Routine safety meetings and briefings should be done as needed; including time of crew changes and mission activations.
16. At least 1 member of NA medical crew must maintain communicative contact with PIC throughout flight.
17. NA crew must request for power to medical panel during start up and take off to ensure power to vital medical equipment.

## SOP 1.2 Hot Loading & Unloading

**PURPOSE:** To define procedures for loading and unloading patients, personnel and / or equipment with the engines running (hereafter referred to as “hot”).

**POLICY:** It is preferred that patients, personnel and / or equipment be loaded or unloaded at the hospital with the aircraft shut down, except in the case of critical patients requiring emergency offloading. Hot loading and unloading at the scene are recommended if patient condition allows. Patient should be stabilized before transport.

**PROCEDURE:**

1. The PIC shall assess the need for hot loading / unloading in consultation with the medical crew. All safety regulations and procedures shall be adhered to by all personnel and includes the patient.
2. The PIC will indicate to the medical crew when it is safe to commence hot loading / unloading. Operational or Safety considerations may override medical needs if deemed necessary.
3. It is preferred that Hospital Security or other designated hospital personnel be present at the hospital helipad when the helicopter is landing and departing.
4. Only a minimum number of trained personnel shall be allowed under the main rotor during the hot loading / unloading process. All personnel and passengers should wear hearing and eye protection if possible.
5. During the hot loading / unloading process, only personnel accompanied by a crew member are allowed aft of the side doors (for example: to access the boom compartment).
6. A pilot shall remain at the controls of the running helicopter at all times.
7. The receiving facility should be pre-alerted of the aircraft arrival and whether the loading / unloading will be conducted “hot” or “cold” at the earliest opportunity, preferably at least 10 minutes prior to arrival.
8. Pilots shall confirm with the medical aircrew whether aircraft EMS power is still required prior to shut down.

### SOP 1.3 Facilities Safety & HAZMAT Response

**PURPOSE:** To address landing area safety as it relates to crewmembers and / or aircraft.

**POLICY:** Possible safety hazards shall be identified prior to entering a scene.

**PROCEDURE:**

1. Requests which places any crew member and/or aircraft at risk from explosions, hazardous material, gunfire or other hostile environments will be handled at the discretion of the Police.
2. Generally, HEMS aircraft should not be stationed at any scene while an incident is taking place, or at a location where law enforcement has good reason to believe a dangerous or hazardous event is to take place.
3. National Ambulance staff shall not be involved in law enforcement activities but rather focus on patient care related activities outside of the 'hot zone'.
4. Incidents involving law enforcement shall only be responded to once the scene has been secured and deemed safe by the PIC.
5. An incident shall only be responded to once the scene is secured with an established Incident Command, and EMS and law enforcement have made specific requests for patient transport.
6. HEMS shall generally not respond to any area contaminated with hazardous material. In the event of a request for response to a hazardous material scene, dispatch will immediately notify the crewmembers.
7. The final decision to land at a scene rests with the PIC after having assessed the scene security and HAZMAT risk.
8. Any patient who has not been properly decontaminated, or is considered to be a health risk to the crew, shall generally not be transported by air. The final decision rests with the PIC.
9. When applicable, information regarding the contaminate product shall be relayed to the receiving facility prior to the arrival of the patient(s).
10. Upon completion of the flight, the aircraft shall be cleaned and / or decontaminated as necessary; the crew in consultation with the PIC will notify ACC / Dispatch when the aircraft is back in service. No further missions will be assigned to the aircraft until it is cleaned and / or decontaminated.

## SOP 1.4 Survival Equipment Contents & Expiration Dates

**PURPOSE:** To establish what survival equipment shall be carried on-board the aircraft, and the procedure for checking the survival equipment inventory and expiration dates.

**POLICY:** The survival equipment will be carried on-board the aircraft at all times, in sufficient quantities for all crew on-board. The survival equipment care, upkeep and compliance will be overseen by the Sharjah Air wing Police Crew.

**PROCEDURE:**

1. Survival equipment will be maintained and stored on-board the aircraft in accordance with the Federal Law.
2. Survival Kits shall be stored in the aft boom compartment, or be suitably-secured in the cabin dependent on mission profile.
3. Survival Kits shall be checked during the pre-flight inspection and the expiration dates verified.
4. If a Survival Kit has passed its expiry date, it shall be reported to the Engineer in Charge who is responsible for replacing it.
5. Crew should make every effort to ensure patients are removed from the aircraft in the event of emergency landing. However, crew safety should not be compromised in an attempt to perform rescue.

### SOP 1.5 Landing Site Requirements

**PURPOSE:** To establish the minimum preferred landing site requirements for HEMS operations.

**POLICY:** HEMS Aircraft shall not operate to landing sites which threaten safe operations.

**PROCEDURE:**

1. The landing site surface must be level, with less than 5° slope.
2. Any firm surface may be acceptable for daytime operation at the discretion of the PIC. However, it is preferred that the surface should be sealed (for example: asphalt, concrete)
3. Traffic must be controlled in and around the vicinity of the aircraft which will remain the responsibility of the police in the particular jurisdiction.
4. All scene lights, flood lights and spotlights should be pointed at the ground. No bright lights should be pointed at the helicopter during the approach and departure phases, especially at night. Emergency vehicle flashers are safe to keep on (during the day) and will help to identify the landing site. However, with NVG Operations the PIC may request for strobes and other bright lights to be switched-off. Under normal conditions, any lights should be pointed toward the ground of the landing site and low beam headlights are also safe to keep on unless advised otherwise.
5. The only direct communication between ground personnel and the pilots may be through hand signals. Therefore, ACC or the crew managing the scene shall relay any warnings or information between the pilots and the ground personnel when possible. Emergency Landing sites and safety of the site decisions will be ultimately made by the PIC. However, any obstruction, hazard or significant observation by the crew should be reported to the pilot so that he/she can make an informed safety decision in landing.

## SECTION 2



## MEDICAL

SOP 2.1 Clinical Guideline Protocols (CGP – 134)

**PURPOSE:** To address the specific procedures relating to medical treatment and care of patients.

**POLICY:** In order to maintain a safe environment for HEMS crews and patients, the GCP 134 will provide guidance to medical crew for clinical practice and procedures to be followed.

**SCOPE:** These guidelines are for National Ambulance Clinical personnel as trained within their scope of practice and authorized by the NA Medical Director.

**Notes:**

1. All clinical assessment, care and procedures must be carried out as per the latest National Ambulance CGP 134.
2. HEMS Specific procedures that have been identified as Tier 3 by CGP 134 are only for staff privileged and trained to that level or skill set as per (High risk procedures Appendix 6: CGP 112).



## SOP 2.2 Inter-Facility Transfer

- PURPOSE:** To address the procedure for pre-arranged transport of Patients between facilities
- POLICY:** In order to maintain a safe environment for HEMS crews and patients, this SOP will outline the definition and procedure to transport a patient between facilities (PTS).
- SCOPE:** This procedure is to be performed by all National Ambulance Clinical personnel as trained within their scope of practice authorized by NA MEDICAL DIRECTOR

### **PROCEDURE:**

1. Clinical information must be gathered by NA crew on duty from transferring physician in accordance with NE HEMS PTS criteria.
2. NA crew will liaise with SAW ops advising of proposed transfer and recommendations in accordance with NE HEMS PTS criteria and all criteria must be met for transfer to take place (at discretion of PIC).
3. Final decision to authorize PTS will be at the discretion of PIC / SAW ops.
4. ACC / transferring hospital / receiving hospital must be informed of decision to accept or deny mission.
5. A Clinical decision on 'HEMS Transport and Patient Stability for air transfer' may have to be made by the Senior Medic on Duty in consultation with the Referring Physician, receiving physician, ACC, DM and / or the MD if required.
6. Transferring physician should be advised by NA crew of the following equipment carried on board and that all equipment must be operated by accompanying physician:
  - a. 1 x Ox log 3000+ ventilator (ventilator tubing should be supplied by the receiving hospital)
  - b. 2 x Syringe drivers
  - c. 1 x LP 15 monitor with capabilities of Shock therapy, 12 lead ECG acquisition & NIBP, SPO2, ETCO2.
  - d. 3 x Oxygen (4.7l)
  - e. 1 x Airway Suction Unit
  - f. 1 x Transport stretcher (platform needs adjustment to accommodate transfer stretcher)
7. If patient has any potential / confirmed communicable disease, this must be communicated with PIC and decision to accept mission will be at the discretion of PIC.
8. ACC should be advised of transfer and should open CAD as per details received from NA crew.

9. Provide Air-Transfer preparation of patient advice to transferring clinician. Transferring physician must be advised of the requirement of accompanying physician to travel with patient and operate any equipment as required. NA crew will only intervene up to their clinical scope of practice should there be a requirement. If there is no accompanying physician available; transfer by air will not take place.
10. Aircraft must be configured to PTS configuration using transfer stretcher.
11. NA crew will be responsible for the conveyance of all medical / required equipment to the aircraft, also ensuring that there are adequate equipment on board (including medical o2).
12. Ensure personal safety & PPE. (If potential or confirmed communicable disease and mission accepted, ensure extra PPE as required and as outlined in CGP134).
13. Don Aircraft Head-Sets and establish communication with the pilot and await further instructions.
14. Once airborne, NA crew must inform ACC of ETA and destination via SMS. (Any updates on ETA will be furthermore relayed to ACC when / if information becomes available). ACC should relay any updates to transferring / receiving hospital.
15. PIC will advise NA crew whether transfer will be hot or cold loading. (Cold loading is preferred and will be carried out where possible however discretion of hot / cold load will lie with PIC).
16. ACC should be advised of when landed at hospital via SMS.
17. NA crew should meet with transferring physician and receive brief on patient's condition. (Any changes to patient's condition should be discussed and final decision relayed to PIC).
18. NA crew should ensure patient is appropriately packaged for flight only after which the patient will be transferred to the aircraft.
19. It is the responsibility of NA crew to ensure the patient is correctly and safely secured in the aircraft. It is the responsibility of the referring / accompanying physician to ensure that the patient is connected to equipment as required. Accompanying physician identification / credentials should be checked by NA crew and documented in ePCR / PCR.
20. NA crew should advise referring / accompanying physician of their requirement to carry medications for patient care as needed. NA crew will advise referring / accompanying physician that NA crew will not intervene in patient care unless absolutely necessary and only then can practice up to clinical scope of practice.
21. NA crew will advise PIC of when patient is on board and secure for takeoff with POB.
22. NA crew should inform ACC of lift time and ETA to destination. PIC will advise NA crew of any update to ETA at destination or requirement to divert which should then be relayed to ACC via

23. During takeoff and landing, sterile cockpit must be observed by all members of crew.
24. Once aircraft has landed, PIC will advise NA crew when it is safe to open doors and disembark. Cold unload is preferred however this will be at the discretion of the PIC.
25. NA crew will disembark aircraft and will liaise with ground crew and retrieve patient from aircraft. NA crew must complete ePCR / PCR and return to aircraft – cleaning / restocking as required.
26. NA crew will prepare aircraft for departure securing equipment as required and inform PIC once secure for takeoff. NA crew will also advise PIC of POB.
27. ACC should be advised of patient handover time, lift time and ETA to base (also if any requirement to divert for fuel etc.).
28. ACC should be advised once landed back at base and clear from call.
29. Aircraft will be then thoroughly cleaned / restocked as required and completion advised to SAW ops.
30. ACC should then close the CAD.

### SOP 2.3 Primary Response

**PURPOSE:** To provide a procedure for the HEMS activation to a hot response.

**POLICY:** In order to maintain a safe environment for HEMS crews and patients, this SOP will outline the definition and procedure to transport critically injured/ill patient.

**SCOPE:** This procedure is only to be performed by National Ambulance Clinical personnel as trained within their scope of practice and as authorized by NA Medical director.

#### **PROCEDURE:**

1. Activation is from NA ACC via phone call to NE HEMS and / or by SAW Operation Center via radio hailing 'CODE RED'. If the activation is received from SAW ops for response, NA crew must immediately inform ACC via phone call. If activation is received from ACC; ACC must contact SAW operation center to advice of mission profile and location.
2. Once activated by either NA ACC or SAW ops, NA crew must respond to aircraft with required equipment.
3. Preflight preparation includes but not limited to:
  - a. Senior clinician on duty will delegate roles for in flight.
  - b. Respond to aircraft with equipment
  - c. Pre-flight checks include, but are not limited to:
  - d. Prior to opening of both cabin doors, check the screws and bolts at the fuselage and compartment doors.
  - e. Wear helmet, hearing protection and proper PPE.
  - f. Contact ACC by phone and seek any further pre-dispatch information if applicable.
  - g. Secure both cabin doors properly and strap all kit and bags.
  - h. NA crew must secure themselves seated wearing seat belts. Communicate to PIC the number of crew on board and is ready for takeoff.
  - i. Inform ACC of the time of departure of Y55 at base via SMS.
4. Observe sterile cockpit procedures during critical phases of flight (take off / landing). NA crew must assist with watch on both sides of the aircraft clearing for any hazard during flight.
5. NA crew must seek PIC permission to turn on the main electrical system at medical panel.
6. NA crew should receive from PIC; the ETA to scene and communicate to ACC via SMS.
7. During landing, observe sterile cockpit procedures. Send SMS to ACC of arrival on scene. Permission must be sought from the PIC to un-secure from seatbelts and for clearance to disembark the aircraft.

8. NA crew should liaise with senior NA clinician on scene and be advised of patient for transport by HEMS.
9. Receive handover from ground ambulance crews (if applicable) and assess patient for suitability of HEMS transport and package appropriately.
10. Senior HEMS clinician to advise ground crews and designate responsibilities for transfer to aircraft. Senior HEMS clinician to ensure all staff wear appropriate PPE.
11. Inform ACC if patient is not indicated for transport (patient severity, deceased etc.), proceed by ground transport or request for Ambulance if not yet on scene. (*Refer to CGG104 Discharge of Care version 2:0*).
12. For pediatric patient, an escort must accompany the patient. Provide escort briefing prior to transport. If no escort available, consult ACC CSD.
13. Loading and Inflight Procedures:
  - a. Brief ground crew / ambulance crew as to loading procedure and instruct that closed loop communication must be observed.
  - b. Load the patient to aircraft. Secure the patient and equipment safely and provide hearing protection to patient and eye protection (flickers).
  - c. Send SMS to ACC advising of leave scene time.
  - d. Advise PIC of the preferred destination hospital.
  - e. Observe sterile cockpit during takeoff.
  - f. Continue to treat and monitor the patient whilst inflight in accordance to CGP134.
  - g. The PIC should advise of ETA to hospital and communicate to ACC.
  - h. ACC pre-alert includes arrangement of mobile transfers from LZ in hospital to ED.
  - i. Begin the e-PCR and prepare the patient hand-over details.
14. Offloading Procedures
  - a. Send SMS to ACC advising of arrival at hospital.
  - b. Ask the PIC permission to unbuckle seatbelts and opening of cabin doors.
  - c. Prepare patient to transfer from the aircraft to hospital bed or ambulance stretcher.
  - d. Secure / transfer necessary equipment
  - e. Safely transfer and secure patient to the stretcher
  - f. Proceed to ED.
15. Provide the full patient handover to receiving physician in ED.
16. EMT should commence with the aircraft aftercare, disinfection of equipment and disposal clinical waste to designated clinical waste bins as per Infection control program CGP129.
17. Retrieve all assets from ED prior to departure.

18. Post Flight Procedures

- a. Inform ACC about departure time from hospital.
- b. Replenish supplies and log in OPIQ.
- c. Conduct a post call debriefing
- d. ACC should close CAD.

SOP 2.4 Dispatch / activation criteria:

**MOI Air wing Dispatch Process**

1. Daylight hours of operations i.e. 0700-1700
2. National Ambulance resource dispatched
3. Police alerted to incident and responding
4. MOI Air wing Auto launch or Cockpit standby zone

**Criteria for Request**

**Probable Mechanism of Injury**

• Request from National Ambulance Staff	
• MVA rollover	
• MVA with ejection	
• MVA with associated fatality	
• MVA off road	
• MVA pedestrian v vehicle (speed >30kph)	
• MVA cyclist v vehicle (speed >30kph)	
• MVA entrapment (including under vehicle)	
• Significant RTC or multi patient incident in HEMS designated area	

**And**

**Possible injuries**

• Penetrating Injuries to Head, Neck, Chest, Abdo, Pelvis	
• Skull Fracture	
• Major Chest Wall Injury	
• Cardiac Arrest	
• Significant Abdo Pain after Trauma	
• Pelvis Trauma	
• Partial or total amputation	

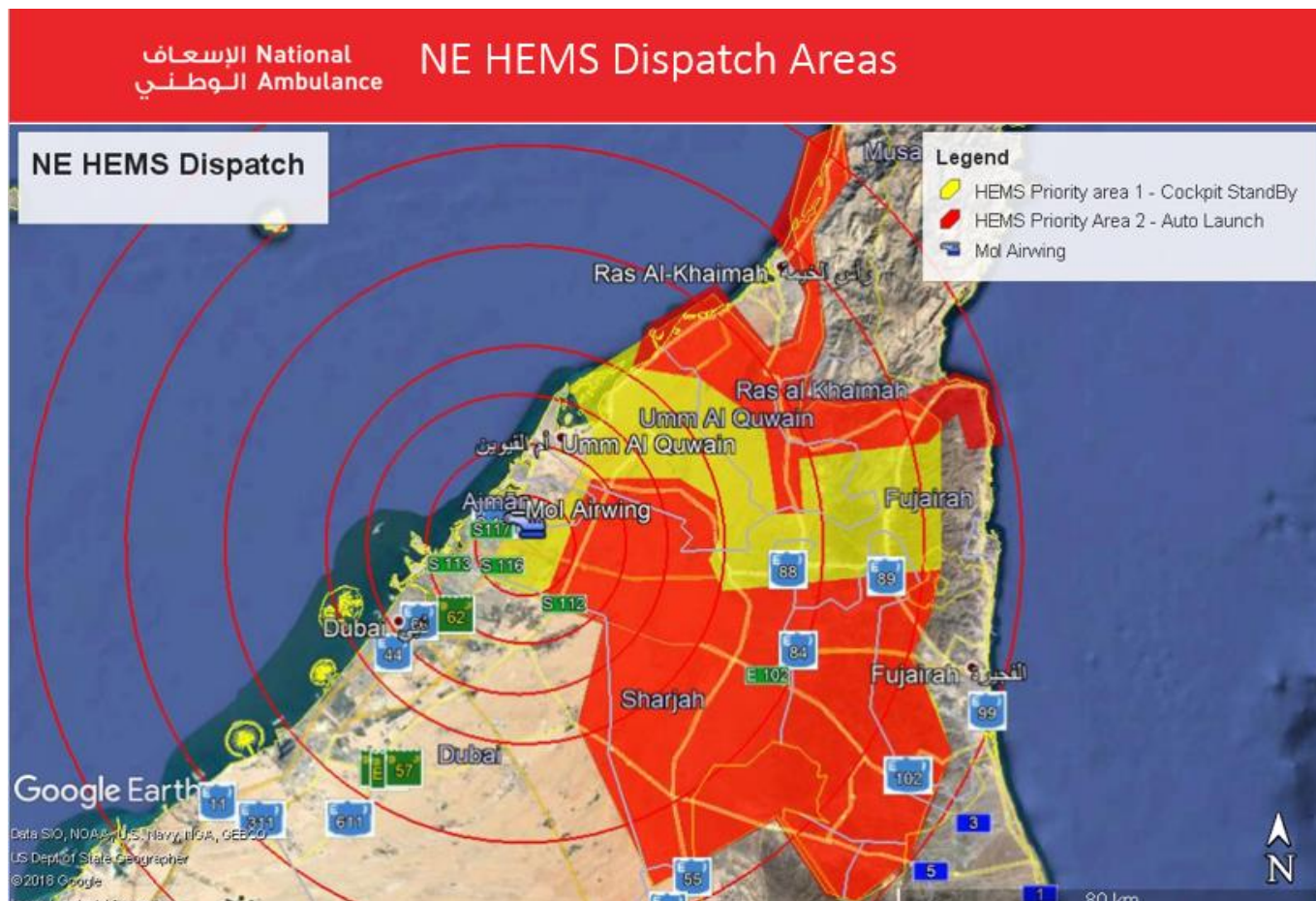
<ul style="list-style-type: none"> <li>Burns &gt;20% (Adult) or 10% (Paeds) or: <ul style="list-style-type: none"> <li>Face/ airway burns</li> </ul> </li> <li>Electrical/Chemical Burns</li> </ul>	
<ul style="list-style-type: none"> <li>Fracture with Vascular injury</li> </ul>	
<ul style="list-style-type: none"> <li>Log Bone Fracture</li> </ul>	
<ul style="list-style-type: none"> <li>Any other serious or critical injury</li> </ul>	

**Request Process for Auto launch and Cockpit Standby**

	CAD No. _____	Initial/ID	Time Complete
1	<ul style="list-style-type: none"> <li>MVA in Auto launch or Cockpit Standby Zone</li> <li>MVA has "probable" significant MOI</li> <li>MVA has "possible" serious injury (only need to suspect injury, not confirm)</li> </ul>		
2	<ul style="list-style-type: none"> <li>TL approves MOI AW Request for:</li> <li>Cockpit Standby or,</li> <li>Auto Launch</li> </ul>		
3	<ul style="list-style-type: none"> <li>MOI AW Ops contacted by SL - <i>"Describe Location and incident type and possible injuries. Ask if they accept the mission"</i></li> </ul> <p><b>06 598 9555</b></p> <ul style="list-style-type: none"> <li>Confirm ETA and Name</li> </ul>		
4	<ul style="list-style-type: none"> <li>GPS coordinates to be sent from CAD to the following numbers</li> <li>a 056 422 2825</li> <li>b 050 252 4222</li> </ul>		
5	<ul style="list-style-type: none"> <li>TL phones NE HEMS Paramedic and activates on <b>050 514 8861</b></li> <li>CAD No.</li> <li>General location</li> <li>Pt Condition</li> <li>No. Patients</li> <li>Other Resources sent</li> </ul>		
6	<ul style="list-style-type: none"> <li>Shift Leader contact the Police Operations Section for the Emirate where the incident has occurred and tell them we are activating MOI Air wing into their Emirate</li> </ul>		
7	<ul style="list-style-type: none"> <li>SL rechecks call details....either:</li> <li>listen to call and checks e CBD accurate or,</li> <li>calls caller back and asks more detailed e CBD questions to confirm:</li> <li>Probable MOI, and</li> <li>Possible Injuries</li> </ul>		



8	ACC TL sends SMS to MOI AW Paramedic Phone: - <b>050 514 8861</b> - Send information as above		
9	MOI AW Paramedic updates ACC by SMS with expected Lift and ETA		
10	TL sends group SMS to Air wing" group in SMS tool with - Activation Time - Lift time - ETA		
11	HEMs Paramedic updates ACC on confirmed ETA		
12	TL updates Road Ambulance on Helicopter ETA		
13	Create CAD		
14	MOI AW Paramedic give scene update when landed		
15	MOI AW Paramedic and ACC TL consult and decide destination Hospital		
16	ACC SL informs MOI AW Operations (06 598 9555) of destination Hospital		
17	MOI AW Paramedic give Pre Alert info		
18	ACC TL - Pre Alert at least 15 mins before Helicopter ETA at hospital. May be before confirmed time for arriving at hospital		
19	ACC – Dispatch an ambulance to Hospital Helipad to drive to Hospital ED		
20	ACC TL - Send SMS to "Air wing" group in SMS tool - Transporting Time Hospital ETA Hospital Patient status  in line with OPF238 ACC Escalation Matrix		
21	Airwing Operations will call ACC TL desk and confirm lift and provide ETA		
22	<b>DO NOT CLOSE CAD UNTIL THE HELICOPTER IS BACK AT THE HELIBASE</b>		



### SOP 2.5 Briefings

**PURPOSE:** To give guidance on the content of crew briefings to assist in the safe and effective conduct of operations.

**POLICY:** The exact content and format of a brief is at the discretion of the PIC, but should include a discussion of the points outlined in this SOP. All crewmembers shall be present for briefings.

#### **Start of Shift Brief:**

1. Any planned flights or other events expected to occur during the shift.
2. Any restrictions caused by weather, NOTAMS, ATC, crew currency, crew qualifications, aircraft performance, aircraft serviceability, fuel, the medical equipment or otherwise.
3. Crewmembers' duties, both during the shift and during flight.
4. A reminder on aircraft safety. (Quarterly, briefings will take place with PIC and NA crew on aircraft safety).
5. A confirmation of which is the primary aircraft.
6. A re-brief shall occur with any significant change during the course of the shift, for example a change of crewmembers, aircraft, the weather, NOTAMS, aircraft serviceability or planned flights.
7. If there is more than one crew on site, all crews should brief together on common points such as who will be dispatched first.

## SECTION 3



### Drug and Alcohol policy

### 3.1 Drug and alcohol policy

**PURPOSE:** To provide guidance on the HEMS drug and alcohol policy.

**POLICY:** No person may act or attempt to act as a crewmember of a HEMS aircraft under the influence of alcohol or any narcotic that will reduce that person ability to perform his duties.

**PROCEDURE:**

1. HEMS personnel shall not act, or attempt to act, as a crewmember on HEMS aircraft
2. Within 12 hours of the consumption of any alcoholic beverage
3. While under the influence of alcohol
4. While having any alcohol present in a blood or breath specimen
5. While using any drug that affects the person's faculties in any way contrary to safety
6. HEMS personnel shall submit to drug and/or alcohol testing when so requested by Police, GCAA or a law enforcement agency. Failure to do so may result in disciplinary and/or legal action being taken against the individual.
7. Except in an emergency, the PIC shall not allow a person who appears to be intoxicated, or who demonstrates by manner or physical indications to be under the influence of drugs (except a medical patient under proper care), to be carried on the HEMS aircraft.
8. The use of any drug or medication prescribed or otherwise, must be approved by a GCAA-DAME prior to reporting for flight duties.
9. Smoking is not permitted on or near any HEMS aircraft / apron / hangars or administration buildings.