

Helicopter Landing Site (HLS) Policy

(HSP 025)

V4.0

December 2022

Summary

Process for the notification of works that may require closure of the ED/SAR HLS

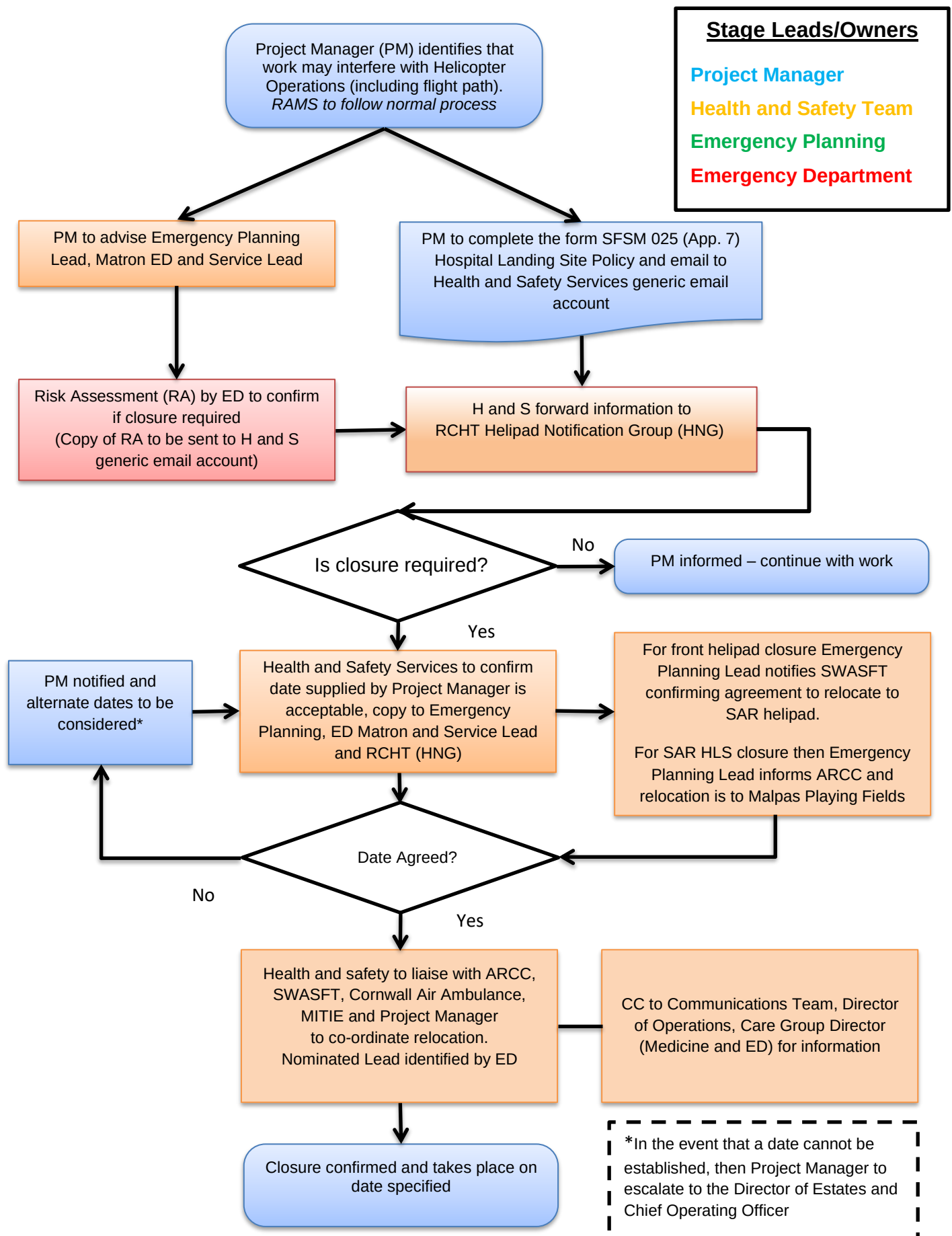


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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

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. The 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 every three years.
- 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 always apply, 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 with 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.
NMOC	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	His Majesty's Coast Guard.
SWASFT	South Western Ambulance Service NHS Foundation Trust.
PM	Project Manager.

RAMS

Risk Assessment and Method Statement.

SFSM

Safety, Fire, Security Management.

- 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.

5. Ownership and Responsibilities

- 5.1. 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 must 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 specialist functions in relations in relation to health and safety management as described below.

5.2. Role of the Chief Executive and Chief Operating Officer

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

5.3. Role of the Executive Directors

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

5.4. Role of the Director of Estates and Facilities

The Director of Estates (or their nominated deputy) will ensure that all Helicopter Landing Sites within the control of the Trust are maintained to facilitate safe operation; including, but not restricted to:

- 5.4.1. Monthly planned preventative maintenance program of inspection of surface condition, markings, lighting, signage indicators and fencing with prioritised remedial work as appropriate.
- 5.4.2. Managing and maintaining all trees and undergrowth to maintain safe aircraft approach, departure and landing.
- 5.4.3. Ensuring that all contractors who may be at risk during aircraft movements are fully briefed regarding the hazards posed by helicopters and risk assessments and method statements detail all practicable controls.

5.5. Role of the Care Group General Manager (Urgent, Emergency and Eldercare)

- 5.5.1. The Care Group General Manager is responsible for ensuring that day-to-day activities of the group including helicopter activity are conducted in a safe and suitable manner and this policy is effectively and correctly employed within their own Care Group.
- 5.5.2. Ensure that the Care Group Health and Safety forum monitors and reviews the progress of all incidents.

5.6. Role of the Heads of Department

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

5.7. Role of Health, Safety, Moving and Handling Department

- 5.7.1. The Trust Health and Safety Manager is the designated safety management advisor for the Trust And the nominated Helicopter Responsible Officer. They are responsible for advising all staff throughout the organisation on issues relating to areas of risk and adverse incident management.
- 5.7.2. The Health, Safety, Moving and Handling 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, Environmental Agency and other enforcement authorities etc. where their involvement is indicated in respect of incident issues.
- 5.7.3. On receipt of a “HLS Changes and Limitations for Construction” notification a copy of the form SFSM025 will be emailed to the Helipad Notification Group (HNG) which includes SWASFT Service and to the current Helicopter Operators by the Health, Safety, Moving and Handling

Department. (Please refer to flowchart).

5.7.4. A member of the Health, Safety, Moving and Handling team will also telephone the HEMS desk to confirm HLS closures have been received and revoked.

5.7.5. Will carry out periodic noise monitoring at the Helicopter Landing Sites.

5.7.6. The Health, Safety, Moving and Handling Department are the contact link for the helicopter operators to raise any site safety issues which may only be visible from the air.

5.7.7. The Health, Safety, Moving and Handling Department are the main contact link for helicopter operations on the RCH site. Queries relating to helicopters should be referred to Health, Safety, Moving and Handling Department in the first instance.

5.8. Role of the Emergency Department (ED) Manager and Nurse in Charge

The Emergency Department (ED) Manager and Nurse in Charge will jointly ensure:

5.8.1. Appropriate clinical staff for the reception of patients at the Emergency Department.

5.8.2. The Standard Operating Procedures (SOP) for both the Emergency Department and the Search and Rescue Helicopter landing sites are enacted within departmental scope, periodically reviewed with any concerns notified to the Health, Safety, Moving and Handling Department.

5.8.3. A "Link Role" is nominated who has regular liaison with Cornwall Air Ambulance and the SWASFT Control Centre.

5.8.4. 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 Helicopters.

5.9. Role of SWASFT Control

5.9.1. Will be made aware of this document by the Emergency Department's nominated "Link Role" person.

5.9.2. Maintain and provide access to records of all helicopter transfers to/from RCH sites.

5.9.3. Notify the RCH ED of all incoming flights using the Emergency Line.

5.10. Role of the Head of Facilities and Contracts (Soft Facilities Management)

5.10.1. Will ensure appropriate, trained staff to serve as helicopter landing site safety personnel.

- 5.10.2. Will, where necessary, supply additional staff to support patient transfers from the helicopter landing site to the Emergency Department or other appropriate departments.
- 5.10.3. Will ensure that suitable and sufficient risk assessments are completed and periodically reviewed.
- 5.10.4. Will provide reports as required to the Health and Safety Manager for assurance of safe helicopter activity management.

5.11. Role of the Facilities and Contracts Senior Manager

- 5.11.1. The Standard Operating Procedures (SOP) for both the Emergency Department and the Search and Rescue Helicopter landing sites are enacted within departmental scope, periodically reviewed with any concerns notified to the Health, Safety, Moving and Handling Department.
- 5.11.2. All personnel involved in operational activities associated with helicopters shall undergo training (with suitable records kept) in relation to the elements of helicopter safety that affect them and their role. This shall include the safety aspects for “ground safety crew” (generally porters and security personnel).
- 5.11.3. The Facilities help desk acts as a communication hub to staff as required to support helicopter activity.
- 5.11.4. All staff working with or in conjunction with helicopters are provided with appropriate PPE as advised by the Health, Safety, Moving and Handling Department.
- 5.11.5. Risk assessments relating to the operational activities associated with helicopters will be completed and staff members have ready access to them.

5.12. Role of the Operational Estates Senior Managers

- 5.12.1. 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:
- 5.12.2. The Helicopter landing sites are inspected on a regular basis. The maintenance inspection is to ensure that the landing lights, windsocks 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 program of inspection is audited.
- 5.12.3. They will also ensure there is a program in place for regular grass cutting, maintenance of trees and shrubs, and thorough cleaning and debris removal on each of the helicopter landing sites and the immediate surrounding area and the program is audited.
- 5.12.4. 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 sites.

- 5.12.5. They will also ensure that detailed inspection records including service and maintenance histories are kept ensuring that any suspected cause of any subsequent incident can be checked against inspection and maintenance records.

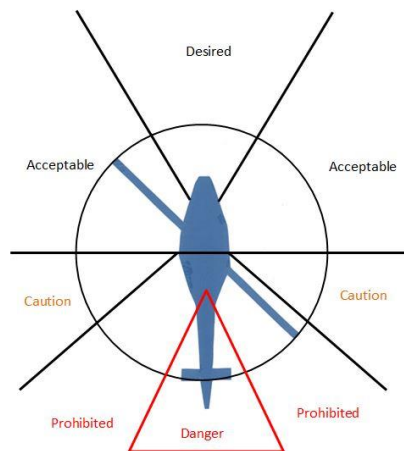
5.13. Role of Project Managers

- 5.13.1. 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 Health, Safety, Moving and Handling Department by email as soon as possible.
- 5.13.2. Project Managers should liaise directly with the Emergency Planning Lead, as detailed within the flowchart.

5.14. Role of All Staff

- 5.14.1. 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.
- 5.14.2. 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.
- 5.14.3. 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.
- 5.14.4. All staff must co-operate with the Trust on matters relating to this policy and assist on providing information for any investigation as required.
- 5.14.5. 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.
- 5.14.6. Training records for all staff working with or in conjunction with helicopters shall be maintained and reviewed on an annual basis.
- 5.14.7. All staff working with or in conjunction with helicopters must wear and be responsible for the care of, appropriate safety clothing (High Visibility Jacket, Eye and Hearing Protection etc.).
- 5.14.8. It is the duty of all employees to follow the safety rules when working around helicopters and their landing sites.
- 5.14.9. Never reach up or chase after items that blow away into the helicopter landing site during aircraft movements.

- 5.14.10. 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.



- 5.14.11. Never approach a helicopter whose engine(s) are running without authorisation from the Pilot.
- 5.14.12. Always approach or leave a helicopter from the side or front, and only when escorted by a member of the aircrew.

5.15. Helicopter Movements

- 5.15.1. 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.
- 5.15.2. HEMS flights usually make use of the ED HLS outside the Emergency Department at the Royal Cornwall Hospital (see Appendix 3).
- 5.15.3. 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 to expedite their on-going care.
- 5.15.4. 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 ED HLS may be used. However, use of the SAR HLS is preferred for this purpose.
- 5.15.5. Air Ambulance missions usually make use of the SAR HLS (see Appendix 3) landings are generally met by a land ambulance for onward transfer.
- 5.15.6. If the SAR HLS is not available there is a diversionary plan managed by the Aeronautical Rescue Coordination Centre.

- 5.15.7. Records of all helicopter movements to and from the helicopter landing sites at the Royal Cornwall Hospital, Truro are maintained by SWASFT and must be available for inspection by Trust Health, Safety, Moving and Handling Department upon request.

6. Standards and Practice

6.1. Helicopter Operational Contractor- Safety Measures

The final decision on whether to land during helicopter missions to the hospital's landing sites, shall at all times rest with the pilot of the aircraft.

6.2. Operational Management Plan- ED HLS

The current operational management plan is by way of ED HLS SOP attached as Appendix 4.

6.3. Operational Management Plan – SAR HLS

The current operational management plan is by way of SAR HLS SOP attached as Appendix 5.

6.4. Notification of Construction Work

6.4.1. The Project Manager in charge of any construction works or alterations project in the vicinity of the helicopter landing sites or with the potential to impact any flight path must ensure that the relevant “ HLS Changes and limitations for Construction” pro-forma (Appendix 7) must be submitted to the Health, Safety, Moving and Handling Department at least one week prior to the works.

6.4.2. Areas of work which may affect the helicopter approach and departure routes should also be considered.

6.4.2.1. The normal approach for the ED HLS 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.

6.4.2.2. The approach for the SAR HLS will depend on wind conditions but will generally be from the direction of Penventinnie Lane adjacent to Duchy hospital then through the landing site to and out over the road and car park.

6.5. Notification of Use of the Helicopter Landing Site by Others

The Police helicopter (operated by the National Police Air Service NPAS), Children's Air Ambulance and Military Aircraft, can all be called upon to function in the air ambulance mission role. Such flights will be coordinated by Ambulance Control, the Helicopter Emergency Medical Service (HEMS), the Aeronautical Rescue Coordination Centre (ARCC), Maritime Coastguard Agency (MCA) and/or the Maritime National Operations Centre (MNOC) who will ensure appropriate notification of which HLS is to be used to the ED Nurse in Charge.

6.6. Pilot Training and Familiarisation

6.6.1. The Royal Cornwall Hospital helicopter landing sites are designated, pre-surveyed sites, and there are several visible emergency diversion 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 Hospitals NHS Trust and flight control, pilot training and familiarisation will need to take place at the helicopter landing sites.

6.6.2. Any training and familiarisation flights must be officially notified and agreed in advance with the Health, Safety and Moving and Handling Department at the Royal Cornwall Hospital, who can be contacted via the main hospital switchboard 01872 250000.

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 group meetings.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
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	Care Group Reports to the Health and Safety Committee.
Frequency	Periodically and as required.
Reporting arrangements	Reports received by the Health and Safety Committee as detailed above and reported in accordance with the Committee Terms of Reference.

Information Category	Detail of process and methodology for monitoring compliance
Acting on recommendations and Lead(s)	Health and Safety Committee will request action from Care Group Representatives; and escalate to Governance Committee as required. The Helicopter Responsible Officer may dependant on the severity of risk unilaterally request authority from the Chief Operating Officer for immediate action.
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 section covers information regarding the review process. All policy documents should be reviewed no less than every three years. Where appropriate, the author may set a shorter review date.
- 9.2. Appendices and the associated documentation regarding this policy may be reviewed / revised at any time in consultation of the Health, Safety, Moving and Handling 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

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion and Human Rights Policy'](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Helicopter Landing Site (HLS) Policy (HSP025) V4.0
This document replaces (exact title of previous version):	Helicopter Landing Site (HLS) Policy (HSP025) V3.0
Date Issued/Approved:	September 2022
Date Valid From:	December 2022
Date Valid To:	December 2025
Directorate / Department responsible (author/owner):	Gavin Griffiths, Head of Health, Safety, Moving and Handling.
Contact details:	01872 25 2266
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: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Operating Officer
Approval route for consultation and ratification:	Health and Safety Committee
General Manager confirming approval processes:	Gavin Griffiths, Head of Health, Safety, Moving and Handling.
Name of Governance Lead confirming approval by specialty and care group management meetings:	Natasha Quick, Service Improvement and Business Lead (Health)

Information Category	Detailed Information
Links to key external standards:	Health and Safety at Work etc. Act 1974 Management of Health and Safety Regulations 1999 CQC Regulation 10 CAP1264
Related Documents:	Risk Management Policy Risk Management Strategy Health and Safety Policy Incident Reporting Policy and Procedure Emergency Department Helicopter Landing Site Standard Operating Procedure Search and Rescue Helicopter landing Site Standard Operating Procedure Helicopter Landing Sites Emergency Plan
Training Need Identified?	Yes, For staff directly involved in helicopter landing activity.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Chief Operating Officer/ Health and Safety

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
01 May 14	V1.0	New Policy	J Robin Gatenby Health and Safety Manager
01 Jan 2016	V1.1	Addition of Flow	Natasha Quick, Health and Safety Adviser
April 2016	V2.0	Full Review	J Robin Gatenby Health and 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-	Natasha Quick, Health and Safety Advisor

Date	Version Number	Summary of Changes	Changes Made by
		viz jackets to be worn by ground safety staff. Additional action operational phone call to HEMS desk.	
September 2022	V4.0	Routine review to reflect current organisational arrangement and to include SOP's and Emergency Plan.	Rob Harris, Senior 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 for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Helicopter Landing Site (HLS) Policy (HSP025) V4.0
Directorate and service area:	Chief Operating Officer / Health and Safety
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Rob Harris, Senior Safety Advisor
Contact details:	01872 252144

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	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 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 each outcome?	Through incident reporting monitored by existing health and safety committee reports. Completion and review of local Risk Assessments and updated Standard operating procedures.

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	All Trust stakeholders.
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes - Patients/ visitors: No - Local groups/ system partners: No - External organisations: Yes - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Health and Safety Committee
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	This Policy does not impact on age.
Sex (male or female)	No	This Policy does not impact on gender.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	This Policy does not impact on gender reassignment.
Race	No	This Policy does not impact on race.
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	This Policy does not impact on disability.
Religion or belief	No	This Policy does not impact on religion or belief.

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	This Policy does not impact on marriage or civil partnership.
Pregnancy and maternity	No	This Policy does not impact on pregnancy or maternity.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	This Policy does not impact on sexual orientation.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

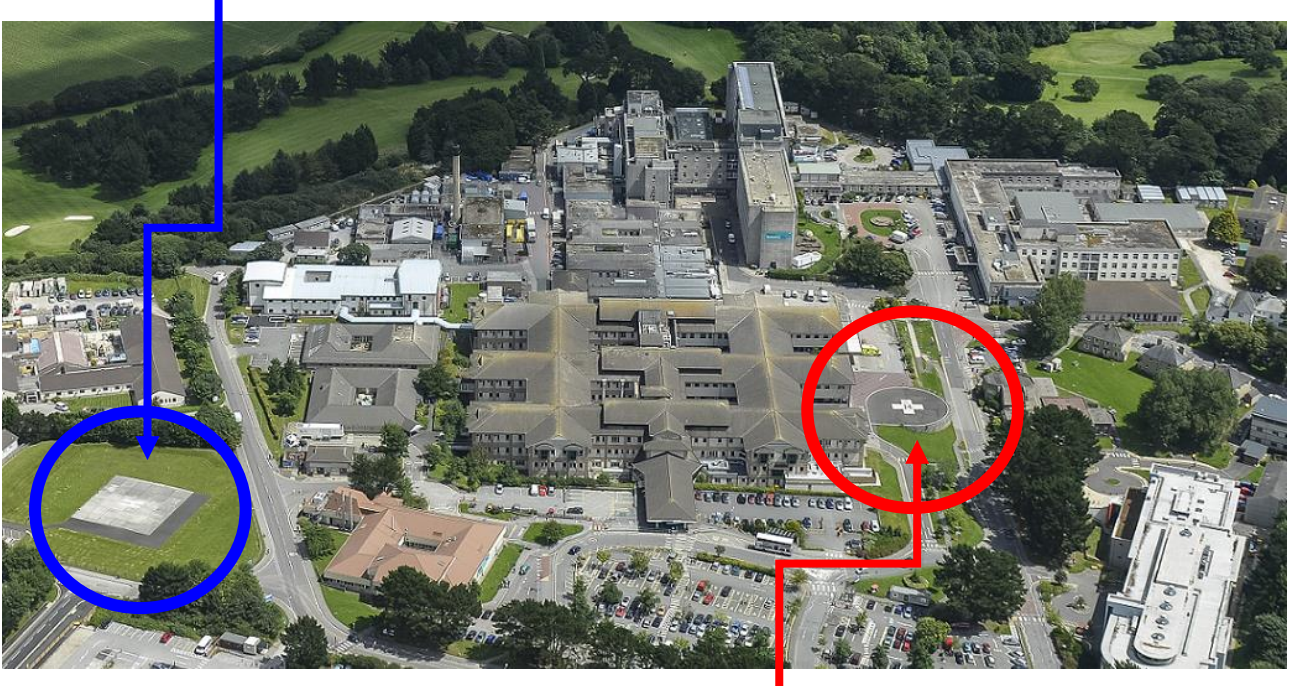
Name of person confirming result of initial impact assessment:

Rob Harris, Senior Safety Advisor

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3. RCHT Helicopter Landing Sites (Aerial Views)

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



ED Helicopter Landing Site (HEMS flights only).

HEMS (Air Ambulance) flights may land on either of the helicopter landing sites, the ED HLS is limited in the size of aircraft it can accommodate.

Appendix 4. Emergency Department Helicopter Landing Site Standard Operating Procedure

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Emergency Department Helicopter Landing Site Standard Operating Procedure

V1.1

December 2022

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. Helicopter landing and take-off manoeuvres are generally the highest risk areas of flight. When carried out in a confined environment this risk is magnified, the addition of high-density pedestrian and vehicular traffic further increases the risk and expands the scope of persons that may be impacted. Risk assessment has identified the need for manual intervention to supplement engineering and management controls to support maintaining the safety of Aircrew, Trust staff, Patients, Contractors, and site Visitors during helicopter operations by keeping the Emergency Department (ED) Helicopter Landing Site (HLS) clear of vehicles and pedestrians during helicopter activities. This document is intended to detail the required manual activities and to support the Trust Helicopter Policy.
- 1.2. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

- 2.1. Helicopter activities are intrinsically linked to the work activities of the Trust and as well as being governed by aviation specific legislation are also encompassed by The Health and Safety at Work etc Act 1974 and associated regulation. To meet the requirements of legislation the Trust is required to assess risk associated with its activities and introduce controls to minimise identified risk in so far as is reasonably practicable. As well as being informed by the above legislation this document has drawn on and been informed by both risk assessment and the Civil Aviation Authority (CAA) Document CAP1264 “Standards for Helicopter Landing Areas at Hospitals”.
- 2.2. This document will support the Trust Helicopter Policy and will provide specific guidance to staff to ensure safety standards are maintained during ED Helicopter Operations.
- 2.3. This document is “live” and subject to a constant improvement process.

3. Ownership and Responsibilities

- 3.1. This document has been developed and prepared by the health and safety team as a whole under the guidance of the Head of Health and Safety, who is the appointed Trust Helicopter Responsible Officer (HRO), following consultation with directly involved stakeholders.

3.2. Role of Line Managers

Line Managers are responsible for ensuring this standard operating procedure is appropriately shared with staff identified as having specific responsibilities to enact the procedure and further ensure they have the required levels of competence.

3.3. Role of Individual Staff

Staff members that are identified in this procedure as having a role to undertake must ensure they have a full understanding of their required duties and report any shortcomings to their line manager or pertinent supervisor at the point any failings or concerns are identified.

4. Standards and Practice

4.1. Background Processes

- 4.1.1. The ED will manage (on a daily basis) the Helicopter Landing Site (HLS) open/closed board for the ED HLS.
- 4.1.2. The Health and Safety Team will manage any information regarding restrictions of use of the ED HLS due to external forces (e.g., building works) and ensure the ED (including the HLS Closure Notification Group) and all other stakeholders (e.g., Ambulance control, Helicopter operators, CAA- for NOTAM if required etc) are kept notified of any change in the ED HLS status on a real time basis.
- 4.1.3. The Trust Estates team will routinely inspect, test as required and maintain the ED HLS and associated infrastructure reporting any deficiencies to the Health and Safety Team.
- 4.1.4. The Health and Safety Team will provide a competency framework for all staff directly involved in the ED HLS activity (as identified by stakeholder Departments and Care Groups) such that training need can be identified and satisfied.

4.2. Helicopter Landing Staffing Requirements

ED staff as identified by local process and four additional staff members generally two porters and two trained security personnel.

4.3. Equipment

Personal Protective Equipment (PPE) consisting of Orange High Viz (to support aircrew identification of ground support), Hearing protection (to an agreed helicopter specific standard), and eye protection that must be worn at all times when supporting helicopter activity.

4.4. Helicopter Landing Procedure

- 4.4.1. The ED Nurse in Charge will receive notification of incoming helicopter landing from Ambulance control, this notification should ideally give 15 minutes notice of landing but may in exceptional circumstance be as little as 5 minutes.
- 4.4.2. The ED Nurse in Charge will initiate internal ED processes and notify the Facilities help desk of an incoming helicopter, confirming ED HLS to be used and helicopter estimated time of arrival (ETA). The Helicopter Emergency Medical Service (HEMS) and the Aeronautical Rescue Coordination Centre (ARCC) have been requested to make a follow up call to the Facilities help desk informing of an arrival.

- 4.4.3. Any unusual calls received at Switchboard/Facilities help desk relating to helicopter landing sites are to be relayed through to the Health, Safety, Moving and Handling Department.
- 4.4.4. The Facilities help desk will arrange by radio for four trained staff (normally two porters and two members of the security Team) to attend the ED immediately. In exceptional circumstances, where one or more are unable to attend, the Facilities help desk will notify the ED Nurse in Charge, who will then designate the required members of ED staff to take their places. The ED Nurse in Charge will ensure the duties nominated to security officers or porters are reallocated to any nominated replacement staff.
- 4.4.5. The Facilities help desk will notify by radio any persons in charge of construction works that are required to take initiate safety management actions prior to helicopter activity as part of a pre-arranged and agreed management plan.
- 4.4.6. On arrival at ED reception porters (or other designated staff) will collect the barrier operating key from the key box within the Oxygen store at the ED entrance (code will be provided at training briefing and by default can be obtained from the Nurse in Charge) and both security officers (or other designated staff) and porters will collect and wear PPE (all trained staff should be allocated their own PPE, but ED will hold reserves) before exiting to the HLS.
- 4.4.7. The ED Nurse in Charge will initiate the process to lock the doors by announcing over the public address system; "Helicopter landing at front of department in XX minutes, reception team to lock doors in XX minutes using the switch behind reception desk".
- 4.4.8. The two security officers will proceed to the lower path footway (adjacent to the roadway and below the HLS) closing the gates and marshalling both ends of the footway to ensure pedestrians do not pass close to the HLS. Pedestrians should wait at the signs and must be directed to wait until helicopter activity has ceased, where possible cyclists also to be advised to wait until helicopter activity has ceased.
- 4.4.9. Cardiac Arrest Team staff may pass from Graduate Centre to main hospital during helicopter activity, they should take a route outside the risk area and will be trained and briefed.
- 4.4.10. Bus operators have been contacted to brief drivers of double decker buses to not drive past the ED HLS when the warning beacons are active or there is visible helicopter activity. Such vehicles should hold at exit point from Penventinnie lane or at the bus stop prior to the ED HLS dependant on their direction of travel.
- 4.4.11. Both porters should check the ED doors are locked and proceed to the entrance barrier control and use the key switch to operate the barrier to the closed position. A sounder local to the barrier will sound as the barrier is closed.

- 4.4.12. One porter will remain by the entrance barrier and marshal to ensure the HLS is kept clear.
- 4.4.13. The second porter will proceed to the exit barrier ensuring the HLS is clear as they go and then operate the barrier into the closed position and marshal the area to ensure the HLS is kept clear. A sounder local to the barrier will sound as the barrier is closed, the action of closing the barriers will activate the warning beacons on the lower walkway signs.
- 4.4.14. When both barriers are closed it is essential that no persons either enter the HLS area or traverse the lower footway.
- 4.4.15. Once the helicopter has landed and the rotors are no longer turning pedestrians may initially be allowed to use the lower footway only. After the patient has been moved from the helicopter into the ED the doors may be unlocked (a porter can enter the ED doors using the adjacent swipe card reader and request reception to unlock the doors), the barriers can be raised, and pedestrians allowed to move freely. The security officers and porters should remain on station in a monitoring role and to ensure vehicles and pedestrians do not approach the helicopter.
- 4.4.16. When it is clear the helicopter is ready to depart (normally indicated by discussion between the aircrew and attending staff, aircrew being on board and all doors closed with the red and green navigation lights on). The ED doors should be locked (a porter should request ED reception to lock the doors) and the barriers operated to the closed position with pedestrians being directed clear of the HLS before the rotors start to rotate (the pilot should look to see the barriers are down before engaging the rotors) the flashing, anti-collision lights will also start.
- 4.4.17. The Helicopter will only depart when the pilot is sure the area is clear. It is likely the helicopter will depart in a “backwards and upwards” motion. Once it has transitioned to forward flight and travelled away from the ED HLS it is safe to assume it will not return and the barriers can be operated to the open position and the ED doors unlocked with the security officers and porters returning the barrier key to the key safe and any PPE to the store area (if ED provision has been utilised) and notifying their supervisors that they are clear of HLS duty.
- 4.4.18. Neither the security officers or the porters should approach the helicopter, however if this is required in extreme circumstance, they should approach the front (preferably slightly to the left or right) of the helicopter ensuring clear view of the pilot, staying clear of the rotor disc and waiting for the pilot to give the “thumbs up” signal before moving closer to the helicopter under the rotor disc, never approach a helicopter out of the pilot’s line of sight.
- 4.4.19. There may be a situation where a helicopter is delayed after the ED doors have been locked and the barriers closed. In this instance the ED Nurse in Charge will take charge of the situation and advise the

security officers and porters to allow normal access operations to resume. Security officers and porters will remain at ED until advised of a new helicopter ETA or stood down by the ED Nurse in Charge. Security officers and porters to keep their respective supervisors apprised of the situation.

4.4.20. In the rare situation that the ED may incur an evacuation event at the same time as a helicopter landing senior ED staff will have to dynamically risk assess the situation to determine the best course of action.

4.4.21. In the unlikely event of an emergency situation developing during helicopter activity the following immediate actions should be taken;

- Contact the Facilities help desk, the ED Nurse in Charge and the Emergency services (999).
- Evacuate any affected area and establish an exclusion zone around the aircraft.
- Any damaged aircraft will be extremely volatile, and any approach should be left to the emergency services.
- If safe to do so administer first aid and support.
- Senior staff to enact the relevant emergency plans.

4.4.22. All involved staff to report any incidents via the Datix system with concerns or suggestions for improvement to their line manager and the Health and Safety Team.

5. Dissemination and Implementation

- 5.1. This document will be shared electronically with all key stakeholders and appended to the Trust Helicopter Policy. It will be used to inform both a training briefing for involved staff and a staff action note. The HRO will notify all involved stakeholders as to the current version of this document and by staff consultation and briefing will ensure full awareness of any new version. This Document will form part of the Trust Health and Safety Management processes and associated document control.
- 5.2. This procedure will be implemented with all stakeholder managers ensuring staff are appropriately briefed. The Health, Safety, Moving and Handling Team will provide briefing support and any required training programme. It is planned that in the future a video will be produced to support the implementation process. Training will be locally managed and will not require any Learning and Development (L and D) support.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The entire process will be monitored periodically as part of an audit program commissioned by the Helicopter Responsible Officer with more local piecemeal monitoring undertaken by involved stakeholders.
Lead	Gavin Griffiths, Helicopter Responsible Officer and Head of Health and Safety.
Tool	Datix is the Trust approved incident reporting tool and will be used to inform and record any issues identified with the application of this SOP.
Frequency	Informal monitoring will occur with each helicopter landing with more formal monitoring undertaken periodically. Reports will be sent to the HRO who will in turn identify paths of onward reporting.
Reporting arrangements	Reports will be sent via the HRO to the Health and Safety Leadership team. The HRO will interrogate reports as required to identify paths of action and facilitate accordingly.
Acting on recommendations and Lead(s)	Responsibility for actions identified will be dependent on the nature of any concern identified. The HRO will monitor any action status and report to the Health and Safety Leadership team and the Chief Operating Officer directly if the situation demands.
Change in practice and lessons to be shared	Due to the risk profile of helicopter actions any required practice changes will need to be initiated at speed and often with immediate effect. The HRO will lead on deciding response times on an individual basis. The HRO may delegate members of the Health and Safety Team to take individual changes forward. Lessons learnt will be shared with all relevant stakeholders both internal and external.

7. Updating and Review

This procedure will be reviewed in event of any significant change in process, equipment, environment or as indicated by stakeholder need of HRO direction. The maximum term between reviews will be 3 years.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion and Human Rights Policy'](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 5. Search and Rescue Helicopter Landing Site Standard Operating Procedure

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Search and Rescue Helicopter Landing Site Standard Operating Procedure

V1.0

December 2022

1. Introduction

- 1.1. Helicopter landing and take-off manoeuvres are generally the highest risk areas of flight. The Search and Rescue (SAR) Helicopter Landing Site (HLS) is bordered by land and buildings outside Trust ownership or control as well as buildings in Trust control and public highways all of which introduce potential risk factors.
- 1.2. Risk assessment has identified the need for manual intervention to supplement engineering and management controls to support maintaining the safety of Aircrew, Trust staff and Pedestrians during helicopter operations by keeping the areas adjacent to the SAR HLS clear of pedestrians.
- 1.3. Roadway users will be informed by highway standard traffic management means and expected to act accordingly.
- 1.4. This document is intended to detail the required manual activities and to support the Trust Helicopter Policy. Despite this landing site being located separately from the main hospital campus it still falls within the scope of the Trusts management processes and there is a finite duty on the Trust to ensure it is operated safely.
- 1.5. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

- 2.1. Helicopter activities are intrinsically linked to the work activities of the Trust and as well as being governed by aviation specific legislation are also encompassed by The Health and Safety at Work etc Act 1974 and associated regulation. To meet the requirements of legislation the Trust is required to assess risk associated with its activities and introduce controls to minimise identified risk in so far as is reasonably practicable. As well as being informed by the above legislation this document has drawn on and been informed by both risk assessment and the Civil Aviation Authority (CAA) Document CAP1264 "Standards for Helicopter Landing Areas at Hospitals".
- 2.2. This document will support the Trust Helicopter Policy and will provide specific guidance to staff to ensure safety standards are maintained during SAR HLS Helicopter Operations.
- 2.3. This document is "live" and subject to a constant improvement process.

3. Ownership and Responsibilities

- 3.1. This Document has been developed and prepared by the Health and Safety Team as a whole under the guidance of the Head of Health and Safety, who is the appointed Trust Helicopter Responsible Officer (HRO), following consultation with directly involved stakeholders.

3.2. Role of Line Managers

Line managers are responsible for ensuring this standard operating procedure is appropriately shared with staff identified as having specific responsibilities to enact the procedure and further ensure they have the required levels of competence.

3.3. Role of Individual Staff

Staff members that are identified in this procedure as having a role to undertake must ensure they have a full understanding of their required duties and report any shortcomings to their line manager or pertinent supervisor at the point any failings or concerns are identified.

4. Standards and Practice

4.1. Background Processes

The Emergency Department will manage (on a daily basis) the Helicopter Landing Site (HLS) open/closed board for the SAR HLS.

The Health and Safety Team will manage any information regarding restrictions of use of the SAR HLS due to external forces (e.g., building works) and ensure the ED (including the HLS Closure Notification Group) and all other stakeholders (e.g., Ambulance control, Helicopter operators, CAA- for NOTAM if required etc) are kept notified of any change in the SAR HLS status on a real time basis.

The Trust Estates team will routinely inspect, test as required and maintain the SAR HLS and associated infrastructure reporting any deficiencies to the Health and Safety Team.

The Health and Safety Team will provide a competency framework for all staff directly involved in the SAR HLS activity (as identified by stakeholder Departments and Care Groups) such that training need can be identified and satisfied.

4.2. Helicopter Landing Staffing Requirement

Ambulance and ED staff as identified by local process and four additional staff members generally two porters and two trained security personnel.

4.3. Equipment

Personal Protective Equipment (PPE) consisting of Orange High Viz (to support aircrew identification of ground support), Hearing protection (to an agreed helicopter specific standard), and Eye protection that must be worn at all times when supporting helicopter activity.

4.4. Helicopter Landing Procedure

- 4.4.1. ED Nurse in Charge will receive notification of incoming helicopter landing from Ambulance control, this notification should ideally give 15 minutes notice of landing but may in exceptional circumstance be as little as 5 minutes.
- 4.4.2. ED Nurse in Charge will initiate internal ED processes and notify the Facilities help desk of an incoming helicopter, confirming SAR HLS to be used and helicopter estimated time of arrival (ETA). SWASFT will initiate suitable arrangements for patient transfer. The Helicopter Emergency Medical Service (HEMS) and the Aeronautical Rescue Coordination Centre (ARCC) have been requested to make a follow up call to the Facilities help desk informing of an arrival.
- 4.4.3. The Facilities help desk will contact the Security and Porters Teams to request two security officers and two Porters to attend the SAR HLS.
- 4.4.4. The Facilities help desk will notify by radio any persons in charge of construction works that are required to take initiate safety management actions prior to helicopter activity as part of a pre-arranged and agreed management plan.
- 4.4.5. The Facilities help desk will notify Patient Services so that they may record and helicopter flights over the car parking areas.
- 4.4.6. On arrival at SAR HLS Porters/Security (or other designated staff) will check the HLS is clear (if not ED Nurse in charge must be notified immediately) and position as follows;
 - Position 1, On footway at boundary between HLS and Duchy Hospital.
 - Position 2, On footway at junction between service road and Penventinnie Lane.
 - Position 3, On footway at junction between service road and road to Health and Wellbeing Innovation centre.
 - Position 4, On footway adjacent to mobile scanner location.

In the event of staff shortage priority will be given to positions 1 and 2.

- 4.4.7. Pedestrians should be asked to remain at holding points during helicopter activity and not pass the HLS.
- 4.4.8. Cyclists should be requested where possible to wait until helicopter activity has ceased.
- 4.4.9. Once the helicopter has landed and the rotors are no longer turning pedestrians and cyclists may be allowed to pass normally. Attending staff should remain on station in a monitoring role and to ensure the security of the HLS.

- 4.4.10. When it is clear the helicopter is ready to depart (normally indicated by discussion between the aircrew and attending staff, aircrew being on board and all doors closed with the red and green navigation lights on). Before the rotors start to rotate the flashing, anti-collision lights will start. Pedestrians and cyclists should be requested to remain at the holding points.
- 4.4.11. The Helicopter will only depart when the pilot is sure the area is clear. Dependant on the type of helicopter It may depart in a “backwards and upwards” motion. Once it has transitioned to forward flight and travelled away from the HLS it is safe to assume it will not return. Alternatively, the helicopter may adopt a “lift and traverse forward” motion but again when it has traversed away from the HLS it is safe to assume it will not return and pedestrians and cyclists may be allowed to pass normally. Attending staff should notify their supervisors they are clear of HLS duty.
- 4.4.12. Attending staff should not be required to approach the helicopter, however if this is required in extreme circumstance, they should approach the front (preferably slightly to the left or right) of the helicopter ensuring clear view of the pilot, staying clear of the rotor disc and wait for the pilot to give the “thumbs up” signal before moving close to the helicopter under the rotor disc, never approach a helicopter out of the pilot’s line of sight.
- 4.4.13. There may be a situation where a helicopter is delayed after the initial mobilisation. In this instance the ED Nurse in Charge will take charge of the situation and advise the Facilities help desk who will in turn advise the attending staff of the situation who can allow normal passage of pedestrians and cyclists. Such staff to allow normal access operations to resume. Attending staff should stay on station until advised of a new helicopter ETA or stood down. Attending staff must keep their respective supervisors apprised of the situation.
- 4.4.14. In the unlikely event of an emergency situation developing during helicopter activity the following immediate actions should be taken;
- Contact the Facilities help desk, the ED Nurse in Charge and the Emergency services (999).
 - Evacuate any affected area and establish an exclusion zone around the aircraft.
 - Any damaged aircraft will be extremely volatile, and any approach should be left to the emergency services.
 - If safe to do so administer first aid and support.
 - Senior staff to enact the relevant emergency plans.
- 4.4.15. All involved staff to report any incidents via the Datix system with concerns or suggestions for improvement to their line manager and the Health, Safety, Moving and Handling.

5. Dissemination and Implementation

- 5.1. This document will be shared electronically with all key stakeholders and appended to the Trust Helicopter Policy. It will be used to inform both a training briefing for involved staff and a staff action note. The HRO will notify all involved stakeholders as to the current version of this document and by staff consultation and briefing will ensure full awareness of any new version. This Document will form part of the Trust Health and Safety Management processes and associated document control.
- 5.2. This procedure will be implemented with all stakeholder managers ensuring staff are appropriately briefed. The Health, Safety, Moving and Handling Team will provide briefing support and any required training programme. It is planned that in the future a video will be produced to support the implementation process. Training will be locally managed and will not require any Learning and Development support.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The entire process will be monitored periodically as part of an audit program commissioned by the Helicopter Responsible Officer with more local piecemeal monitoring undertaken by involved stakeholders.
Lead	Gavin Griffiths, HRO and Head of Health and Safety.
Tool	Datix is the Trust approved incident reporting tool and will be used to inform and record any issues identified with the application of this SOP.
Frequency	Informal monitoring will occur with each helicopter landing with more formal monitoring undertaken periodically. Reports will be sent to the HRO who will in turn identify paths of onward reporting.
Reporting arrangements	Reports will be sent via the HRO to the Health and Safety Leadership team. The HRO will interrogate reports as required to identify paths of action and facilitate accordingly.
Acting on recommendations and Lead(s)	Responsibility for actions identified will be dependent on the nature of any concern identified. The HRO will monitor any action status and report to the Health and Safety Leadership team and the Chief Operating Officer directly if the situation demands.

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	Due to the risk profile of helicopter actions any required practice changes will need to be initiated at speed and often with immediate effect. The HRO will lead on deciding response times on an individual basis. The HRO may delegate members of the Health and Safety Team to take individual changes forward. Lessons learnt will be shared with all relevant stakeholders both internal and external.

7. Updating and Review

This procedure will be reviewed in event of any significant change in process, equipment, environment or as indicated by stakeholder need of HRO direction. The maximum term between reviews will be 3 years.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion and Human Rights Policy'](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 6. Helicopter Landing Site (HLS) Emergency Plan

This plan will apply to both the Emergency Department (ED) and the Search and Rescue (SAR) HLS's and the following immediate actions are required;

- Contact the Facilities help desk, the ED Nurse in Charge and the Emergency services (999).
- Evacuate any affected area and establish an exclusion zone around the aircraft.
- Any damaged aircraft will be extremely volatile, and any approach should be left to the emergency services.
- If safe to do so administer first aid and support.
- Senior staff to enact the relevant emergency plans.

In the event of a helicopter incident at Royal Cornwall Hospital Treliske three potential scenarios could evolve and the senior manager on scene and or the duty manager will have to make an evaluation to assess action required.

Business Continuity Incident

In the event of no casualties and damage to the helicopter and or environmental infrastructure the ED HLS might need to close and divert to the SAR HLS, and this would follow the normal HLS closure process facilitated by the Health, Safety, Moving and Handling Team either initiated by them or directly by the Duty Manager with the authority of the Chief Operating Officer (COO).

If the SAR HLS needs to close, then the closure process is as above and helicopters that usually use this HLS would need to land at an agreed diversion site (currently Malpas Cricket Ground coordinated by the Aeronautical Rescue Coordination Centre ARCC and facilitated by the Maritime Coastguard Agency MCA) instead.

There may be the need to cordon the HLS areas to establish a secure area both for safety and scene preservation purpose (there will always be an independent investigation after any helicopter incident) and there may also be a need for revised traffic management arrangements.

Revised traffic management already exists within the ED CBRN/HAZMAT Decontamination Plan that whilst not designed for a helicopter incident would achieve the goal of keeping traffic clear of the ED Helipad.

Critical incident

In the event of a helicopter incident on the ED HLS that required closure of the ED then the Trust would declare a Critical Incident. The Business Continuity Plan for the ED is to relocate to the Newlyn Unit but given the close proximity to the Emergency Department a large ED Helipad incident could mean the requirement to close Newlyn Unit as well. This would mean putting the ED on divert until another suitable location for its activity could be

found. The RCHT Evacuation Plan would be used if any facility at RCH needed to be evacuated due to a helicopter incident.

Major Incident

In the event of the helicopter crashing and causing injury/death then RCHT is highly likely to declare a Major Incident. Similarly, if there are significant casualties or a fire associated with the crash or the crash resulted from a perceived crime then it would also be declared by either SWASFT, Cornwall Fire and Rescue Service or Devon and Cornwall Police. Any incident management would also need to include the Health and Safety Executive and the Air Accident Investigation Branch.

Appendix 7. HLS Changes and Limitations for Construction

HEALTH & SAFETY DEPARTMENT

For HASA use only **Approved by CEO** ☐ **or COO** ☐ **Date:** [Click here to enter a date](#)
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.](#) [Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#)

5. **Work Dates/Time:** **Commence:** [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. **Trust Project Manager and Contact Number:** [Click here to enter text.](#)

13. **Has the COO/CEO been asked for closure permission:** **Yes** ☐ **No** ☐

14. **Have the ED team been notified of planned closure:** **Yes** ☐ **No** ☐

15. **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

Author: Senior Advisor (Health)

Reviewer: Service Improvement & Business Lead

Page 1 of 1

File Name: Helipad Notification Form

Version: V4.0

Updated: 08/12/2022

Review Date: 08/12/2023

Appendix 8. RCHT Helipad Notification Group

- Cornwall Air Ambulance
- Devon Air Ambulance
- Specialist Aviation
- Babcock International
- Children's Air Ambulance
- Bristow Group
- RCHT Chief Operating Officer
- RCHT Executive Team
- RCHT Emergency Department
- RCHT Care Group Manager Urgent Emergency and Eldercare
- RCHT Helicopter Responsible Officer
- RCHT Health, Safety, Moving and Handling Team
- RCHT Help Desk
- RCHT Emergency Planning Team
- RCHT Switchboard
- South Western Ambulance Service NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust Helicopter Emergency Medical Service
- National Maritime Operations Centre, Fareham
- Aeronautical Rescue Coordination Centre