

Interagency Aviation Accident Prevention Bulletin



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Subject: Identification of Helicopter Landing Sites for Medical Transport/Evacuation

Area of Concern: Operations/Plans

Distribution: All Wildland Fire Aviation Activities

Discussion: The Dutch Creek incident serves as a reminder of our need to be proactive and plan for medical transport/evacuation of injured personnel. The <u>Dutch Creek incident</u> in 2008 provides several lessons why it's important to plan in advance. The <u>Dutch Creek Serious Accident Investigation</u>

Report Response provides instructions on completing ICS 206 Block 8, Emergency Medical Procedures. Incident Management Teams (IMTs) need to include the following when planning for emergency medical procedures:

- Include timeframes (ETEs and ETAs) from and to specific locations
- Include GPS coordinates for key locations such as spike camps, drop points, helispots, etc.
- Identify specific concerns by location (division, group, geographic area or location)





Many IMTs have identified potential medical transport/evacuation sites on incident maps as "medevac sites." This nomenclature has caused confusion among aviation personnel as it is not standard terminology for helicopter landing sites. The Interagency Helicopter Operations Guide (IHOG) refers to four types of landing areas: Permanent Helibases, Temporary Helibases, Helispots, and Unimproved Landing Areas. Landing areas identified for repeated use should be improved to meet helispot standards outlined in the IHOG. When a medical transport/evacuation site is identified, it must be noted as an "unimproved landing site" on incident maps until it has been improved to IHOG standards. Improvements should be made as soon as possible, before it would be required for an emergency.

The IHOG working unit is planning to review and if necessary, modify Chapter 8 (landing areas) specifically, naming protocols. Using IHOG terminology will reduce confusion and improve operational effectiveness especially during times when needed most!

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