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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HELICOPTER PRE-PLAN** | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| **SAR Manager** | |  |  |  | **SARM Contact Info** | |  |  |
| **Task Number** | |  |  |  | **ASE Number** | |  |  |
|  |  |  |  |  |  |  |  |  |
| *Done* | *Activity* | |  |  |  |  |  |  |
| **☐** | **1** | **SAR first reported by:** | | |  |  |  |  |
| **Name:** |  |  |  |  |  |  |  |  |
| **Address:** |  |  |  | **Phone #:** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **☐** | **2** | **Preliminary Accident Particulars** | | | |  |  |  |
| Location: |  |  |  |  |  |  |  |  |
| Number of Persons & Ages: | | |  |  |  |  |  |  |
| Point Last Seen: | | |  |  |  |  |  |  |
| Weather conditions: | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **☐** | **3** | **Helicopter Guidelines** | | |  |  |  |  |
| **If SAR manager has answered Yes to any of the following and this preplan has been approved by the Regional EMBC Manager, a helicopter may be requested without first acquiring an ASE Number.** | | | | | | | | |
|  |  |  |  |  |  |  | **Yes** | **No** |
|  | **1. Victim has entered fast moving water.** | | | | |  |  |  |
|  | **2. Weather conditions are likely to cause severe hypothermia.** | | | | | |  |  |
|  | **3. Victim is located in potential avalanche terrain.** | | | | | |  |  |
|  | **4. SAR volunteers with advanced medical training are requested by BCAS or RCMP to perform medical rescue.** | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |
| **☐** | **4** | **Helicopter Class D Fixed Line (CDFL) Rescue can be considered if:** | | | | | | |
| **☐** | **1. The volunteer SAR Group requesting authorization is a recognized CDFL provider.** | | | | | | | |
| **☐** | **2. The Incident Command staff agrees that it is a component of the Action Plan.** | | | | | | | |
| **☐** | **3. A CDFL specific risk analysis has been completed and documented.** | | | | | | |  |
| **☐** | **4. Information from the requesting agency indicates imminent threat to lives of the subjects or at least one of the following is true:** | | | | | | | |
|  | **a) The subject’s medical condition requires expedient extrication.** | | | | | | | |
|  | **b) CDFL is a component of a Rapid Intervention Team (RIT) and is being made available for volunteer safety.** | | | | | | | |
|  | **c) Terrain or environmental hazards are likely to put responders at undue risk.** | | | | | | | |
|  | **d) Surface travel time would likely cause a negative outcome for the subject and/or rescuers.** | | | | | | | |
|  |  |  |  |  |  |  |  |  |
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| **☐** | **5** | **Contact Numbers for Heli Rescue** | | | | | | |
| **Name** |  | **Home #** |  | **Cell #** |  | **Work #** |  |  |
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| **☐** | **6** | **Helicopter Companies** | | | | | | |
| **Co Name** | | **Pilot Name** | | **Bus #** | **Res #** | **Time Contacted** | |  |
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| **☐** | **7** | **Contact the ECC to obtain ASE Number (within one hour)** | | | | | |  |
| **ASE Number** | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **☐** | **8** | **Approved Search and Rescue SAR Managers** | | | | | | |
| To put Heli-Rescue on "Standby" contact: | | | | |  |  |  |  |
| **Name** |  | **Home #** |  | **Cell #** |  | **Work #** |  |  |
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