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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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