

Identification of Trauma Centers on Helicopter Charts

MEETING 19-01

Wayne Palmer, FAA/AJV-A213, from the Visual Charting Team [briefed the issue](#). Wayne stated that on current FAA-produced Helicopter Route Charts, Trauma Center Helipads and Hospital Helipads are identified. ([See Slide #2](#)). Wayne briefed the audience on the challenges of maintaining this information on the charts because there is not a databased source for the data. In the past, the helicopter charts were updated every three to five years, giving the charting team time to reach out to contacts in the local region to verify the data. The charts are now in the process of being automated and will be on a six month update cycle, making more crucial the need to have the data properly sourced and in a database.

Wayne stated that there are two options: (1) don't specify a helipad as a trauma center and show them all as hospital helipads, or (2) secure a sanctioned source for the trauma center data and continue to chart them. He opened the question to the audience.

T.J. Nichols, FAA/AFS-420, said that in the FAA Reauthorization Bill, there is language that requires the FAA to "assess the availability of information to the general public related to the location of heliports and helipads used by helicopters providing air ambulance services." ([Complete language from H.R. 316, Section 314](#)) Nolan Crawford, FAA/AFS-410, commented that depicting trauma centers on the chart is necessary for use during mass casualty and emergency events for both local and non-local flight crews to be able to quickly and efficiently transport patients to the correct facilities.

Valerie Watson, FAA/AJV-A250, stated that if the requirement to show trauma centers is to remain, the next step must be to define how a helipad is classified as a trauma center so the charting can be accurately determined. Nolan replied that his office has a meeting coming up with the Air Medical Group where he can ask for their input on this topic. He also said that his office is looking into updating the Airport Master Record, FAA Form 5010, to add more helicopter information and the identification of a trauma center could be part of that update. Drew Goldsmith, FAA/AAS-100, said that the Office of Airports (FAA/AIS-100) is open to this idea, but stated that in order to capture this information, his office would need to rely on the facilities to self-report their status as a trauma center. He also added that his office is considering the addition of a "medical use" checkbox to FAA Form 7480, Notice of Landing Area Proposal.

Valerie said that the various FAA offices need to work together to define the requirement, clarify the definition and then work to identify the source for the data. She said she would coordinate with Nolan and thereafter look into setting up an informal meeting with AJV-A, AFS-410, and AAS-100 to work these issues.

Scott Jerdan, FAA/AJV-A310, asked about the initial population of the trauma center data in the source (NASR) database. Valerie stated that it would likely be worked internally within AJV-A, and that the Visual Charting Team may have to do some individual outreach to ensure a good starting point for the

data. Valerie asked Nolan if AJV-A presented him with a listing of currently charted trauma centers, could he possibly verify them. Nolan said that was a possibility. After verification of the currently charted locations, all agreed that a reliable source flow will have to be determined for the maintenance of the trauma center data.

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Valerie Watson, FAA/AJV-A250, reviewed the item. She stated that on current FAA-produced Helicopter Route Charts, Trauma Center Heliports and Hospital Heliports are identified. She said maintaining this information on the charts is difficult because there is not a source for these heliport designations. At ACM 19-01, it was confirmed that the identification of trauma centers is necessary and that FAA needed to work to define the requirement, clarify the definition and identify the source for the data.

Mike Webb, FAA/AFS-420, stated that since the last ACM, Nolan Crawford, FAA/AFS-420, queried the Air Medical Association helicopter pilots on this topic. Mike [presented](#) that overall, there was consensus that the FAA does not need to specifically identify “trauma centers” on the helicopter charts. States determine which hospitals are designated as trauma centers and dispatchers tell the pilots where they need to go. Pilots are not looking at the charts for trauma center designations. It was suggested that the effort should concentrate on cleaning up the Airport Master Record, FAA Form 5010 data for hospitals with registered helipads and address charting from there.

Zac Noble, Helicopter Association International, concurred with Mike’s comments. He said he has reached out to his membership and they also agree. Things have changed since trauma centers were originally charted, and even if a pilot is not familiar with the local area, they will be given the information they need by dispatch and do not rely on the chart for that data.

Valerie stated that though a representative from the Office of Airports, FAA/AIS-100, was not present, she is of the understanding that they have agreed to collect “medical center” and “air ambulance” designations for heliports. She explained that AJV-A could use those designations for charting purposes. Scott Jerdan, FAA/AJV-A310, said he is pursuing the addition of National Airspace System Resource (NASR) database attributes for those designations so that when received from the Office of Airports the designations could be databased. Valerie said that an Interagency Air Committee (IAC) Specification change will need to be written to change the trauma center designation to medical helipad, making use of the “medical center” designation in NASR. She asked Scott if he knew what the timeline is for the Office of Airports to submit the new heliport designations to AJV-A. Scott responded that the plan for the initial population and maintenance of the data is still under discussion.

Rick Fecht, FAA/AJV-A214, commented that while the data is being sorted out, Visual Charting could request an IAC specification change to alter the symbol description on the Helicopter Route Chart legends from trauma center to medical center. Scott agreed and said Visual Charting can use the current

NASR attribute of medical use for the medical center designation until NASR is updated. The audience agreed that this was an acceptable solution.

It was agreed that this briefing item will remain on the ACM agenda with an update next time from Scott Jerdan, FAA/AJV-A310, and Rick Fecht, FAA/AJV-A214 on progress made.