

11 May 2010

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Project Director  
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RNS Redevelopment  
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Ref:

Dear Stuart,

**Re: Clinical requirements supporting Helipads to the Royal North Shore Hospital**

As requested, NSCCAHS outline below the Clinical Justification for the provision of a new helipad to the new Acute Services Building and for the ongoing provision of the existing helipad on the Douglas building at the Royal North Shore Hospital.

Pursuant to section 67B of the Health Services Act, the Director-General has the State responsibility for the provision of ambulance services including pre-hospital and inter-hospital medical retrieval transport services, and for provision of rescue services using rotary wing (helicopter) aircraft.

The current helipad serving Royal North Shore Hospital is located on the Douglas Building and in close proximity to the main clinical areas requiring direct and timely access to helicopter transfers being:

- Emergency department;
- Operating Theatres;
- Intensive Care Unit;
- Neonatal Intensive Care Unit; and
- Burns Unit.

Following the occupation of the new Acute Services Building, the Emergency Department, Operating Theatres and the Intensive Care Unit will be located approximately 250m from the existing helipad and requiring multiple vertical movements. This has been re-assessed and identified as a key clinical risk to the operation of the new facilities.

To sufficiently support these critical departments while providing the necessary levels of patient care and minimise the clinical risk of extended travel time and distance, the provision of a helipad to the new Acute Services Building is deemed critical to

function of Royal North Shore Hospital. The proposed location of the helipad has been determined to ensure direct patient lift access from the helipad to each priority department. This lift bank which connects from the Emergency Department, to the Operating Theatres, the Intensive Care Unit incorporates the important provision of Rapid Lifts already designed into the facility which support the movement of a critical care patient on a trolley/bed and the associated life support equipment and the required medical staff. If the helipad was located to any of the other lift banks within the building, the same patient care and clinical risks would arise.

Similarly, the clinical requirement to maintain the existing Douglas building helipad is to ensure the direct access to the acute services of the Burns Unit and Neonatal Intensive Care Unit. The new helipad to the Acute Services Building is designed for 1 helicopter with no inherent redundancy. The retention of the existing helipad will not only service the acute services in the Douglas Building but provide critical infrastructure redundancy for Royal North Shore Hospital to continue to accept emergency transfers via helicopter should the new helipad be made inaccessible.

NSCCAHS does not anticipate a significant increase in helicopter movements solely due to the provision of a helipad to the new Acute Services Building while maintaining the existing helipad to the Douglas Building.

I trust that this information clarifies the Clinical requirement for the provision of the helipad to the Acute Services Building as well as maintaining the existing helipad to the Douglas Building.

Should you have any further questions or require clarification, please don't hesitate to contact me directly on 9926 7405.

Yours faithfully



**Alan Tracey**  
Executive Manager RNS Redevelopment  
NSCCAHS, NSW Health

Cc.