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Executive Summary

Introduction

The Department of Health and Human Services (DHHS) is seeking to protect the flight paths of Emergency Medical Services (EMS) Helicopter Landing Sites (HLS) at public hospitals in Victoria. Protection of the flight paths is crucial to ensure that the community has the benefit of a helicopter service that is safe and efficient. The flight paths underpin the delivery of trauma services to critically ill and injured patients across Metropolitan Melbourne and the State of Victoria. The overarching objective of this Amendment is therefore to protect the flight paths of HLS on public hospital grounds from intrusion by obstacles due to inappropriate development.

Planning Process

The Department of health and Human Services has requested the Minister for Planning to prepare, adopt and approve this Amendment using powers under Section 20(4) of the Planning and Environment Act 1987 (P&E Act). That is to exempt the Minister for Planning from the requirements of Section 17, 18 and 19 of the P&E Act on the basis that the interests of Victoria make such an exemption appropriate, and compliance with the requirement of the P&E Act is not warranted.

The Amendment will apply an ‘inner’ and an ‘outer’ Design and Development Overlay (DDO) to land within the flight paths of the helipads. The inner DDO will trigger a permit for buildings or works of a height equivalent to the height of the elevation of the helipad, and the outer DDO will trigger a planning permit for buildings or works of 10 metres or more above the elevation of the helipad. All buildings, works and plumes that penetrate the proposed DDO will require a planning permit application with referral to the DHHS. However, there are planning permit exemptions that will avoid unnecessary applications. The DHHS will assess applications referred to it on a case by case basis to determine the potential impacts on the operational safety and efficiency of flight paths. In accordance with Clause 66.04 of affected planning schemes, the DHHS will become a determining authority for planning permit applications.

The Amendment seeks to provide planning protection for existing hospital helipads and their existing helicopter flight paths. The vast majority of planning controls in the relevant planning schemes are not affected. The only planning controls that are affected are those that allow building heights higher than the proposed DDOs. The DDOs, however, are not a limit on the height of development as they only seek to require a referral to the DHHS for an assessment of the impacts to flight paths.

Each application will be assessed on its merits and the DDOs do not represent an absolute limit on the potential development of a site. Provided that the overall usability of the helipad and flight path(s) is maintained, then the referred application will generally be accepted with, or without, conditions. The position and height of the structures, works and/or plumes would then be incorporated into the Ambulance Victoria operational database and applicable Helipad Operations Manual.

Summary

This Amendment facilitates the proper and orderly use and development of land and is consistent with the objectives of planning in Victoria. The application of the DDOs is consistent with Planning Practice Note 75: Planning Requirements for Heliports and Helicopter Landing Sites which supports the protection of HLS approach and departure flight paths.

The Amendment will ensure the ongoing safety and viability of the Victorian air ambulance network thereby protecting public utilities and other assets and enabling the orderly provision and coordination of public utilities and other facilities for the benefit of the community.

The Amendment provides protection for the flight paths used by EMS helicopter operations from encroachment by future development that could prejudice the safety or efficiency of the helipad at the relevant public hospitals.

The Amendment ensures that proposed developments that trigger the DDO are referred to the DHHS so it can assess whether a proposal affects the operational airspace and safety of helicopter operations.
1.0 Introduction

The Department of Health and Human Services (DHHS) is seeking to protect the flight paths of Emergency Medical Services (EMS) Helicopter Landing Sites (HLS) at 19 public hospitals in Victoria. This Amendment only applies to six of the 19 Victorian hospitals; these hospitals are located in metropolitan Melbourne and Melbourne’s eastern peri-urban region. The remaining 13 Victorian hospitals, which are located in regional Victoria and Melbourne’s northern/western peri-urban region, will be progressed as a separate Amendment.

The overarching objective of the project is to protect the flight paths of HLS on public hospital grounds from intrusion by obstacles due to inappropriate development. In other words, the project is about operationally safeguarding the airspace corridor for what is an essential community service. In the absence of a tailored planning control to protect or safeguard the flight paths of hospital based helipads, the capacity for Air Ambulance Victoria, the affected hospital and the DHHS, to minimise the impacts of development on helicopter flight paths is significantly diminished.

1.1 Planning Scheme Amendment

This Amendment is required to ensure flight path protection at designated hospitals.

The Department of health and Human Services has requested the Minister for Planning to prepare, adopt and approve this Amendment using powers under Section 20(4) of the Planning and Environment Act 1987 (P&E Act). That is to exempt the Minister for Planning from the requirements of Section 17, 18 and 19 of the P&E Act on the basis that the interests of Victoria make such an exemption appropriate, and compliance with the requirement of the P&E Act is not warranted.

The interests of Victoria make an exemption from the notification requirements of the P&E Act appropriate because the protection of EMS flight paths to hospital helipads is of State/Regional significance, raising a major issue of public interest. The interests of Victoria or any part of Victoria make such an exemption appropriate on the basis that:

- The protection of helicopter flight paths for Hospital EMS at public hospitals is required to ensure the safe and timely delivery of trauma patients to time-critical medical services. The hospital helipads and the approach and departure flight paths provide a critical facility for saving lives and minimising the recovery period post-medical treatment.
- In the absence of such protection inappropriate or uncontrolled development in the vicinity of a helipad could put at risk the safety and efficiency of helipads and could potentially result in the closure of a helipad to the detriment of Victoria’s emergency medical services.

Compliance with any of the notification requirements of Sections 17, 18 and 19 of the P&E Act and the regulations is not warranted on the following basis:

- The DHHS has consulted with relevant Government stakeholders – affected municipal Councils, the Department of Environment, Land, Water and Planning, Metropolitan Planning Authority, Air Ambulance Victoria, Australia Helicopters Pty Ltd and Victoria Police Air Wing
- The DHHS has publicly notified landowners and occupants within the affected areas and provided them with the opportunity to comment. The views of the affected parties, following completion of consultation, will be known and will have been considered prior to the submission on this Amendment to the Minister for Planning.

This Summary Report has been prepared to support the Amendments to affected municipal planning schemes. It outlines:

- The existing helicopter flight paths at each hospital and flight paths to be protected
- The proposed changes to the relevant planning schemes
- The affected land and stakeholders
- The views of the affected parties at the time of publication

The Report will be updated to reflect any further views following community consultation.
2.0 EMS Hospital Heliport Flight Path Protection

The protection of Emergency Medical Services (EMS) helicopter flight paths at public hospitals is of State/Regional significance. The DHHS has developed a network of health infrastructure with the provision of specialist care and services at selected public hospitals. Access across the Victorian network of public hospitals with Helicopter Land Sites (HLS) is integral to the implementation of Victoria’s Trauma System.

Time is critical to the survival of a trauma patient and helicopter transport is frequently the quickest way to deliver trauma patients to a Major Trauma Service. The Victorian State Trauma System is designed to minimise time from injury to specialist trauma treatment, with the objective to achieve delivery within an hour after injury – this is commonly known as the ‘Golden Hour’. Receiving treatment within the ‘Golden Hour’ increases the chance of survival and recovery. If the transfer to the hospital takes longer, the patient is more likely to require a lengthy stay and may suffer afterward from debilitating losses.

The coordination and protection of flight paths in Victoria is implemented in accordance with:

- International Civil Aviation Organisation’s ‘Standards and Recommended Practices’ Annex 14: Aerodromes – Volume II: Heliports (ICAO)
- Civil Aviation Regulation 92 (Aviation Advisory Publication CAAP 92-2(2) Guidelines for the establishment and operation of onshore helicopter landing sites) (CASA)
- Guidelines for Helicopter Medical Transport Landing Sites (DHHS)

2.1 Standards and Recommended Practices’ Annex 14: Aerodromes – Volume II: Heliports

The International Civil Aviation Organisation (ICAO) sets out international standards and recommended practices for the safe conduct of civil aviation activities in the Annexes to the Convention on International Civil Aviation (Chicago, 1944), of which Australia is a signatory.

The Guidelines for Helicopter Medical Transport Landing Sites (DHHS) have been developed with regard to the relevant ICAO international standards and recommended practices.

2.2 Civil Aviation Regulation 92

The Civil Aviation Safety Authority does not currently have a legal instrument to certify or register HLS that are not an integral element of an aerodrome certified or registered under Part 139 of the Civil Aviation Safety Regulations 1998.

In accordance with Civil Aviation Regulation 92 (CAR 92), it is therefore the responsibility of the pilot in command (and in some circumstances this is shared with the aircraft operator) to determine the suitability of a place as a helicopter landing site. Furthermore, CAR 92 prohibits the use of a place as an aerodrome unless the place is suitable for the intended aircraft operations, and this must have regard to all the circumstances of the proposed landing or take-off (including the prevailing weather conditions) such that the flight can be conducted in safety.

As neither CASA, nor pilots, have the regulatory powers to protect flight paths, the DHHS has therefore sought to apply the Design and Development Overlay as a means to protect emergency helicopter flight paths at relevant public hospitals. This situation was highlighted in the Panel Report for Amendment C18 Melbourne Planning Scheme – Chevron Hotel Site Redevelopment.
2.3 Guidelines for Helicopter Medical Transport Landing Sites (DHHS)

The DHHS released the Guidelines for Helicopter Medical Transport Landing Sites in 2014\(^2\).

In accordance with the Guidelines a helicopter landing site is defined as:

>A helicopter landing site (‘HLS’) for helicopters engaged in helicopter medical transport operations is a facility provided to enable the safe and efficient transfer of critically ill patients by helicopter and associated activities.

The Guidelines seek to protect the Obstacle Limitation Surface (OLS) for a Performance Class 1 helicopter to clear all obstacles along a flight path by an adequate margin should one of its twin engine fail (One Engine Inoperative) after the take-off decision point or any point during the approach and landing phase. The Guidelines define Operations in Performance Class 1 [ICAO Annex 6-III] as:

*In the takeoff and initial climb phase, the helicopter shall be able, in the event of the failure of the critical engine being recognized at or before the take-off decision point, to discontinue the take-off and stop within the rejected take-off area available or, in the event of the failure of the critical engine being recognized at or after the take-off decision point, to continue the take-off, clearing all obstacles along the flight path by an adequate margin.*

*In the approach and landing phase and in the event of the failure of the critical engine being recognized at any point during the approach and landing phase, before the landing decision point, the helicopter shall, at the destination and at any alternate, after clearing all obstacles in the approach path, be able to land and stop within the landing distance available or to perform a balked landing and clear all obstacles in the flight path by an adequate margin.*

The objectives of the Guidelines are to:

- Support the planning, design development and operation of heliports that enable the safe and efficient operation of helicopters engaged in medical transport operations
- Ensure the development and construction of heliports follows best practice and reflects applicable Australian and international regulations, standards and recommended practices
- Enable details, including any cost–benefit analysis, for the planning, development and operation of heliports to be integrated with hospital service and master plans
- Provide guidance to public healthcare services and other heliport owners in relation to the management, operation and maintenance of a heliport
- Support effective consultation with user groups and stakeholders including landowners, local governments, communities and responsible authorities.

Key principles established by the Guidelines are:

- The desired minimum usability for a site is 95 per cent. Multiple flightpath tracks are often needed to achieve that result and as such single flightpaths are to be avoided where possible.
- A site that can remain viable for [a] period of not less than 10 years (sic).
- These guidelines apply to heliports that are intended to enable patient transfer by helicopters conducting medical transport operations in Victoria.
- The guidelines are broadly applicable to ground-level and elevated facilities at onsite or offsite locations, and include the airspace associated with arrival and departure flightpaths.
- The physical requirements for heliports and associated airspace have been developed to support Performance Class 1 and Performance Class 2 flights.
- The department will always aim to locate, design and build new surface-level heliports that support helicopter flights to operate in Performance Class 1. If a heliport is necessary at a health service, and the physical characteristics of a surface-level site cannot meet the criteria for Performance Class 1 flights, it may be possible to consider facilities that support Performance Class 2 flights.

2.4 Establishing the Flight Path Protection Area

The attached Technical Heliport Flight Path Reports identify the boundaries of individual flight paths to be protected for each heliport.

The Technical Reports have been prepared in accordance with relevant regulations and guidelines, including:

- Aviation Advisory Publication CAAP 92-2(2) Guidelines for the establishment and operation of onshore helicopter landing sites (CASA)
- Guidelines for Helicopter Medical Transport Landing Sites (DHHS 2014)

The designated flight paths are based on Heliport Operations Manuals where these are available. Where Heliport Operations Manuals are not available, the flight paths are based on:

- A site visit by Rehbein Airport Consulting
- Helipad on-ground markings identifying preferred flight paths to each helipad
- Visual inspection of the obstacle environment surrounding each helipad
- Discussion with Hospital Operators, Air Ambulance Victoria and Victoria Police Air Wing.

The flight paths as mapped are based on the DHHS guidelines and they seek to enhance the ability of helicopters to operate in Performance Class 1 at existing hospital heliports. The area to be protected is the OLS for the flight path of a Performance Class 1 helicopter with One Engine Inoperative on the approach and departure to each helipad up to 1,130 metres from the helipad.

As shown in Figure 1, the OLS commences at the edge of the HLS Safety Area (i.e. the edge of the helipad) and extends radially along a flat plane equivalent to the height of the helipad for 240m. Thereafter, the OLS gradually rises at 4.5% until it reaches 40 metres above the helipad elevation at a distance of 1,130 metres from the helipad. By protecting this plane the path of the helicopter can be safely maintained.

![Figure 1: Heights of OLS and DDO relative to Helipad (simplified)](image)

It is to these areas that the DHHS is seeking to apply the Inner and Outer Design and Development Overlays (DDOs) (see blue and green shaded areas in Figure 1). The DDO does not provide for a graduated plane and therefore multiple, flat DDOs need to be used. A two-tiered approach (i.e. two DDOs) is proposed as this is not only consistent with the approach for the application of flight path protection DDOs to date, but because it also provides a simple mechanism that facilitates the referral of applications to DHHS for technical assessment, whilst minimising the number of developments that may otherwise be triggered by the DDO.
The ‘Inner DDO’ will ensure that any structures, works or plumes that are of the same height or higher (AHD) as the helipad and within 240 metres of the helipad or 460 metres along the flight path are referred to the DHHS for an assessment of the impacts to the flight path.

The ‘Outer DDO’ will ensure that any structures, works or plumes that are more than 10 metres (AHD) above the helipad and between 460 metres and 1,130 metres from the helipad, along the flight path, are referred to the DHHS for an assessment of the impacts to the flight path.

This Amendment only seeks to implement the DDOs up to 1,130 metres from the helipad. At this point the helicopter is approximately 40 metres above the ground. However, the OLS for an EMS helicopter flight path continues until the helicopter is 150m above the helipad; a distance of 3,386 metres from the helipad. Proposals that encourage development located between 1,130 and 3,386 metres from the helipad that would result in structures, works or plumes (potentially) higher than 40 metres (AHD) could therefore have an impact on the OLS path.

The DDO has been applied to a 240 metre radius around the hospital, plus:
- A 250 metre wide corridor (Figure 2) where a hospital has a Helipad Operations Manual. The corridor includes the flight path, which is 150 metres wide to allow for crosswinds, and a buffer area of 70 metres wide either side, which represents the reach of a construction crane.
- A sector of varying widths where a hospital does not have a Helipad Operations Manual. The sector has been mapped based on site conditions and discussions with Air Ambulance Victoria and chief pilots from Australian Helicopters Pty Ltd and Victoria Police Air Wing.

![Figure 2: Widths of OLS and DDO relative to Helipad (simplified)](image-url)
Figure 3 is an example of where cranes can affect the flight path of EMS helicopters and temporarily close a flight path. Where there is no notification of a planned development that penetrates a flight path, this means that the DHHS, the relevant hospital and AAV are unable to pre-plan temporary alternatives. In the event that an EMS helicopter approached the helipad and discovered an unchartered obstacle in the flight path, then it is at the discretion of the pilot to not use the helipad. This would mean that the critically ill / injured patients would be either sent to another hospital, if possible, or sent to Essendon Airport for transfer to an ambulance for transportation by road. This could potentially affect the saving of lives and optimal recovery of critically ill / injured patients.
3.0 Proposed Planning Controls

CASA does not currently have a legal or regulatory instrument to undertake the certification or registration of helicopter landing sites other than those located on an airport. Formal approval and acceptance of the facility rests with the helicopter pilot in command under the provisions of Civil Aviation Regulation 92. As a result, the State-based planning system is used to protect heliport flight paths.

3.1.1 Clause 43.02 Design and Development Overlay

The existing approach adopted in Victoria to strategically protect HLS approach and departure flight paths via the application of a DDO in applicable planning schemes.

The core purpose of a DDO is to identify areas which are affected by specific requirements relating to the design and built form of new development. It is essentially a planning control (i.e. for buildings and works) designed to achieve desired or specified built form outcomes. A schedule accompanies the DDO. The schedule must contain a statement of the design objectives to be achieved for the area affected.

The main advantages of using a DDO for the Hospital Heliport Flight Path Protection project is that it provides an accepted framework for the protection of heliport operations and for these flight paths to be considered in the decision making process when assessing planning permits for a proposed development. It also embeds transparency so that potential land purchasers are made aware of the existence of the nearby heliport and flight path protection.

The Amendment proposes to introduce the DDO to municipal planning schemes to:

- Maintain the efficiency and safety of the hospital helipads
- Ensure any development of the land which could prejudice the safety and efficiency of the hospital helipad is avoided.

The proposed DDOs will require the referral of planning permit applications to the DHHS to enable it to comment on proposed developments within protected flight paths. Where a proposed structure does not penetrate the flight path protection height specified in the DDO schedule then a planning permit application and referral to DHHS are not required.

Figure 4 below shows the application of the DDO for the EMS helipad at Monash Medical Centre in Clayton.
3.1.2 Clause 66.04 - Referral of Permit Applications under Local Provisions

Clause 66.04 will be amended to clearly identify that planning permit applications must be referred to DHHS as a determining authority in accordance with Section 55 of the Act. This referral requirement will ensure that DHHS has an opportunity to review a proposed development and, following a detailed assessment, to control design outcomes that would directly impact the helicopter flight path. Referral to DHHS under Section 55 of the Act is consistent with the practice used at other hospitals in Victoria where the DDO has already been applied.

Practice Note 54 Referrals and Notice Provisions

Practice Note 54 Referrals and Notice Provisions (PN54) sets out considerations for when Section 55 referral requirement should be included in a planning scheme.

Section 55 Referral

It states that a new Section 55 referral should only be introduced where either:
- The decision of the referral authority must direct the outcome of the application (a determining referral authority); or
- The referral authority’s specialist or technical advice is necessary for the responsible authority to properly assess and decide the application, but does not need to direct the outcome (a recommending referral authority).

In accordance with the considerations set out in PN54, a referral to DHHS will:
- Ensure the ongoing safe operation of flight paths and avoidance of situations where permanent and temporary structures could interfere with flight paths.
- Ensure that timely and effective advice is provided by DHHS in accordance with the Guidelines for Helicopter Medical Transport Landing Sites (DHHS, 2014). The DHHS is best able to provide this advice as it has the resources, technical expertise and processes in place to comply with the duties and requirements of the various Acts and Regulations.
- Ensure that where flight paths are impacted then the decision of the referral authority will direct the outcome of the planning permit application.
- Ensure that each application is assessed and conditions drafted based on the merits of the application and with consideration of the helipad’s elevation relative to the topography and the height of the proposed structures, works and/or velocity of the exhaust plumes.
- Allow notice exemptions under Section 52(1)(a), (b) and (d) of P&E Act 1987.
4.0 Planning Considerations

The following section summarises the relevant planning considerations for the protection of EMS helicopter flight paths.

4.1 State Policy Context and Relevant Planning Decision Precedents

The following policies and precedents are relevant to the consideration of land use impacts as a result of the DDO.

Practice Note 75 ‘Planning requirements for heliports and helicopter landing sites’ (December 2012) supports the use of the DDO to protect hospital helipad flight paths. It states:

If it is imperative that the flight path be maintained for a heliport or helicopter landing site, for example a hospital helipad access, a planning authority may consider implementing a Design and Development Overlay on adjacent land to restrict building height levels on sites underlying the designated flight path.

In the case of Bernstein v Skyviews and General Ltd (1975) 1 QB 479 it was found that the landowners rights to the airspace above their property is not unlimited. It states:

I can find no support in authority for the view that a landowner’s rights in the airspace above his property extend to an unlimited height. … [The] rights of an owner in the airspace above his land [are restricted] to such height as is necessary for the ordinary use and enjoyment of his land and the structures upon it, and … above that height he has no greater rights in the airspace than any other member of the public. ([1978] 1 QB 479 at 488).

In accordance with Section 30 of the Wrongs Act 1958 helicopters may fly over land within its flight path at any height which is reasonable. It states:

30. Limitation of Liability for Trespass or Nuisance by Flying Over Property

No action shall lie in respect of trespass or nuisance by reason only of the flight of an aircraft over any property at a height above the ground which having regard to the wind, the weather and all the circumstances is reasonable, or the ordinary incidents of such flight, so long as the provisions of the Air Navigation Regulations are duly complied with.

As summarised in the Panel Hearing for Amendment C18 (Melbourne Planning Scheme) it is therefore only relevant what the height of any existing structures are at the time of the flight and not a hypothetical opportunity that parties may seek to develop on their land in the future. The Panel Report states:

Each individual flight must be judged as to whether it is reasonable. It must be judged upon the circumstances as they exist at the time of the flight. Thus the height of any structures as they exist at the time of the flight is what may be relevant, not the height of a hypothetical structure, which the owner may wish to build at some time in the future.

4.2 Planning and Environment Act 1987

The planning and protection of flight paths is in accordance with Section 4(1)(e) of the Planning and Environment Act 1987, which states:

To protect public utilities and other assets and enable the orderly provision and coordination of public utilities and other facilities for the benefit of the community.

The planning and protection of flight paths is also consistent with Section 4(1)(c) and (g) of the P&E Act:

To provide for the fair, orderly, economic and sustainable use and development of land.

To secure a pleasant, efficient and safe working, living and recreational environment for all Victorians and visitors to Victoria.
4.3 **Victoria Planning Provisions**

The Victoria Planning Provisions are a State-wide template for all municipal planning schemes. The VPPs set out the standard to which all planning schemes must follow. The VPPs include the State Planning Policy Framework and planning controls to be applied throughout Victoria.

4.3.1 **State Planning Policy Framework**

Planning and protection of flight paths is consistent with the following State Planning Policy:

**Clause 18.04-3 Planning for airfields**

> To facilitate the siting of airfields and extensions to airfields, restrict incompatible land use and development in the vicinity of airfields, and recognise and strengthen the role of airfields as focal points within the State’s economic and transport infrastructure.

Plan for areas around all airfields such that:

> Any new use or development which could prejudice the safety or efficiency of an airfield is precluded.

> Any new use or development which could prejudice future extensions to an existing airfield or aeronautical operations in accordance with an approved strategy or master plan for that airfield is precluded.

4.3.2 **Zones**

The hospitals are located in the Public Use Zone 3. The flight paths pass above land in multiple zones. Other than the Residential Zones and Activity Centre Zones, there is limited scope to define preferred buildings heights via the zones and for this reason the DDO is commonly applied as the appropriate planning tool to establish preferred building heights.

**Public Use Zone 3**

The public hospitals, where flight paths are to be protected, are generally located within the Public Use Zone 3 - Health & Community.

The purpose of the Public Use Zone 3 is:

> To implement the State Planning Policy Framework and the Local Planning Policy Framework, including the Municipal Strategic Statement and local planning policies.

> To recognise public land use for public utility and community services and facilities.

> To provide for associated uses that are consistent with the intent of the public land reservation or purpose.

The public hospitals are generally located in urban areas where they are surrounded by zones that provide for the use and development of residential, commercial and industrial land uses, as well as public parks, reserves and open space.

**Residential Zones**

The residential zones include height controls, which can be amended for each planning scheme via the schedule to the zone. Where the zone does not list a height control then the default maximum height control is that listed in Clause 54.03-2 and 55.03-2 of the planning scheme.

The default maximum heights are listed in the table below. Where Councils have scheduled heights then these have been noted in the attached Context Scan Report. As can be seen below, the default maximum height in the majority of residential zones is 10 metres or less. It is only in the Residential Growth Zone (RGZ) where the default maximum is 13.5 metres. The only location where the RGZ is interested by a flight path is within the City of Stonnington where it is intersected by Alfred Hospital’s southern flight path.
## Residential Zones

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<tr>
<td>Neighbourhood Residential Zone</td>
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<tr>
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<tr>
<td>General Residential Zone</td>
<td>If not listed in Schedule, then refer to 54.03-2 and 55.03-2 (see below)</td>
</tr>
<tr>
<td>Township Zone</td>
<td>If not listed in Schedule, then refer to 54.03-2 and 55.03-2 (see below)</td>
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<tr>
<td>Mixed Use Zone</td>
<td>If not listed in Schedule, then refer to 54.03-2 and 55.03-2 (see below)</td>
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<tr>
<td>Clause 54.03-2 and 55.03-2</td>
<td>If no maximum height is specified in the zone, schedule to the zone or an overlay, the maximum building height should not exceed 9 metres, unless the slope of the natural ground level at any cross section wider than 8 metres of the site of the building is 2.5 degrees or more, in which case the maximum building height should not exceed 10 metres.</td>
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### 4.3.3 Overlays

The public hospitals, where the flight paths are to be protected, generally interface with land where a suite of planning scheme overlays have been applied in order to achieve specific outcomes / manage buildings and works.

The vast majority of overlays applied to land in the vicinity of the hospitals do not have a direct impact on the implementation of flight path protection, nor are they directly affected by the proposed DDO itself.

Overlays that do not impact on the implementation of the proposed DDO are:

- Environment and Landscape Overlays
- Heritage and Built Form Overlays (excluding the Design and Development Overlay (DDO) and Development Plan Overlay (DPO))
- Land Management Overlays
- Public Acquisition Overlay
- Environmental Audit Overlay
- Development Contributions Plan Overlay
- Parking Overlay

The exception to the above is where an existing DDO or DPO has been applied to land, within the flight path of a hospital that allows a building height that is higher than the proposed flight path protection DDO. Section 3.1.1 discusses this issue in further detail.

### 4.3.4 Particular Provisions

In accordance with **Clause 52.15 Heliport and Helicopter Landing Site** a planning permit is not required for an emergency services helicopter land site. It states:

No permit is required to use land for a helicopter landing site if any of the following apply:

- Emergency services: The helicopter landing site is used by a helicopter engaged in the provision of emergency service operations.

In any event, this Amendment does not propose new helipads. It only seeks to protect existing flight paths to/from existing hospital helipads and does not seek to change the helipads in any way. It is noted that the Monash Medical Centre Clayton Emergency Medical Services (EMS) helipad is currently under construction and when completed it will replace the former helipad which was in the same location but at ground level. The new helipad will be located on top of the new Children’s Hospital building at a height of 92.6m AHD and will have an east-west flight path.
5.0 Impacts of the Amendment

This section describes the existing conditions and likely impacts of the Amendment on the receiving environment.

5.1 Existing Conditions: Hospital Helipads and Surrounds

The attached Technical Reports provide a description of the flight paths to be protected and the existing conditions at each Hospital Heliport and its environs.

In summary:

- The heliports are located at public hospitals, which are zoned as Public Use Zone 3.
- The hospital heliports are located within urban areas where they are generally enveloped by low-scale residential, industrial or commercial land uses. The Alfred, Royal Melbourne and Royal Children’s Hospitals also have areas where there are existing multi-storey buildings nearby to the hospitals.
- Where possible flight paths are above public parks and follow major arterial roads.
- The helipads at Monash Hospital, Royal Children’s Hospital and Royal Melbourne Hospital are on the rooftops of the hospitals, where they are 92m, 62m and 67m high (AHD) respectively (Figure 5 shows the view from the elevated helipad situated on top of the roof at Royal Melbourne Hospital).
- The helipads at Alfred Hospital and Frankston Hospital are on elevated structures, where they are 15m and 41m high (AHD) respectively (Figure 6 shows the view from the elevated helipad situated on top of the car park at Frankston Hospital).
- The helipad at Warragul Hospital is at ground level on a hill that overlooks the surrounding land, the hill is generally at an elevation of 140m, whereas the land to the south and north (for approximately 500 metres) is at a lower elevation between 110 and 130 metres AHD.\(^3\)
- A variety of planning scheme overlays apply to the land affected, commonly relating to matters which do not impact on the operation of flights paths and vice-versa, such as the heritage overlay, flood overlays, environmental overlays and development contribution overlay.
- Some hospitals are located in or near precincts where there are other ‘built form’ Design and Development Overlays and/or Development Plan Overlays (DPOs) that nominate building heights.
- The Alfred Hospital has an existing DDO that protects only one of its three hospital helipad flight paths.

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\(^3\) Source: Planning maps online, Vicmap Elevation 10-20 Contours, August 2015
Figure 5: View from Helipad at Royal Melbourne Hospital

Figure 6: View from Helipad at Frankston Hospital
5.2 Land Use Impacts

The DDO introduces a referral requirement to DHHS so that potential impacts on the safety and efficiency of helipad flight paths at public hospitals can be assessed. Each application will be assessed on its merits and the DDO does not represent an absolute limit on the potential development of a site. Provided that the overall usability of the helipad and flight path(s) is maintained (see section 2.3), then the referred application will generally be accepted with, or without, conditions. The position and height of the structures, works and/or plumes would then be incorporated into the Ambulance Victoria operational database and applicable Helipad Operations Manual.

The proposed DDOs will have minimal impact on built form outcomes in the majority of areas to which they are applied. This is due to:

- Where proposed developments are below the heights specified in the DDO then they can be undertaken without further consideration of potential impact on operations of the EMS helipads.
- The DDOs have been drafted to exempt modifications to existing dwellings where certain criteria are met.
- The helipads are on elevated structures and terrain above the prevailing built form surrounding the hospitals.

It is also noted that there are currently eleven DDOs applying to existing hospital helipad flight paths in metropolitan and regional Victoria. In these areas, there have been few applications referred to DHHS and a negligible number refused.

Table 1 provides an overview of the likely impacts on nearby land uses from the DDOs at each hospital helipad. In each of these situations, where the proposal would not have an impact on the usability of the helipad then it would generally be accepted and the height of the object incorporated into the AAV operational manual.

This Amendment will introduce a requirement to refer applications to DHHS. The height for referral to DHHS is, in some instances, lower than the ‘maximum height’ allowable (without a permit) under pre-existing zone and/or DDO controls which apply to the land. As such, developments that may not otherwise require a planning permit application will now require an application and referral to DHHS.

Table 1: Overview of potential impacts on surrounding land

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Municipality</th>
<th>Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warragul Hospital</td>
<td>Baw Baw</td>
<td>- Future structures and works in the Urban Growth Zone to the south of the helipad may require a permit and referral to DHHS.</td>
</tr>
<tr>
<td>Frankston Hospital</td>
<td>Frankston</td>
<td>- It is likely that future proposals to increase building heights within the proposed Employment Precinct (bounded by McMahons Road, the railway corridor and Hastings Road) and within Monash University would require a permit application and referral to the DHHS.</td>
</tr>
<tr>
<td>Alfred Hospital</td>
<td>Melbourne, Port Phillip, Stonnington</td>
<td>- It is likely that future proposals to increase building heights within the flight path across St Kilda Road (where other built form DDOs support heights greater than the proposed DDOs) and along Punt Road and Commercial Road (east) would require a permit application and referral to the DHHS.</td>
</tr>
<tr>
<td>Royal Children’s Hospital</td>
<td>Melbourne</td>
<td>- It is likely that future proposals to increase building heights within the flight paths across Flemington Road (where other built form DDOs support heights close to the height of the proposed DDOs) and within Melbourne University would require a permit application and referral to the DHHS.</td>
</tr>
<tr>
<td>Royal Melbourne Hospital</td>
<td>Melbourne</td>
<td>- It is likely that future proposals to increase building heights within the flight paths along Flemington Road and Grattan Street (where other built form DDOs support heights close to the height of the proposed DDOs) and within Melbourne University would require a permit application and referral to the DHHS.</td>
</tr>
<tr>
<td>Monash Medical Centre Clayton</td>
<td>Monash</td>
<td>- Given the height of the new helipad (92.6m AHD) and relatively flat topography, it is unlikely that the helipad would impact on the City of Monash and the Metropolitan Planning Authority’s strategic directions to encourage higher densities (taller buildings) near to the hospital.</td>
</tr>
</tbody>
</table>
6.0 Consultation

This section summarises consultation activities undertaken and proposed for this Amendment.

The DHHS has, to date, consulted with the following key Government stakeholders regarding the proposed Amendment:

- Department of Environment, Land, Water and Planning (DELWP)
- Metropolitan Planning Authority (MPA)
- Planning departments at municipal councils where flight paths are to be protected - the Cities of Frankston, Melbourne, Monash, Port Phillip and Stonnington, and the Shire of Baw Baw
- Hospital staff responsible for the day-to-day management of helipads where flight paths are to be protected – Alfred Hospital, Frankston Hospital, Monash Medical Centre Clayton, Royal Children’s Hospital, Royal Melbourne Hospital and Warragul Hospital
- Air Ambulance Victoria and chief pilots from Australian Helicopters Pty Ltd and Victoria Police Air Wing.

Site visits to hospital helipads and meetings with hospital staff were held in June 2015. During this time the location of the helipads, the existing helicopter flight paths and surrounding land use context was identified. The proposed introduction of the DDO was also described to the hospital staff.

Meetings were held with officers from the Shire of Baw Baw and Cities of Melbourne, Frankston, Monash and Port Phillip in June 2015, the MPA and DELWP in July 2015 and the City of Stonnington in August 2015 to describe the project. The need to protect the flight paths, the proposed application of DDOs, likely implications for affected land, options to progress the planning scheme amendment and the need for broader consultation were discussed at the meetings.

A meeting was held with Air Ambulance Victoria and chief pilots from Australian Helicopters Pty Ltd and Victoria Police Air Wing to receive input about the flight paths used by emergency services at hospitals where Helipad Operations Manuals currently do not exist.

Following the analysis of flight paths and the preparation of planning scheme amendment documentation, a subsequent meeting will be held with Councils in September 2015. The purpose of the meeting is to present to councils the actual extent of the proposed DDOs, present the wording of the proposed DDO schedules and to request Councils’ formal response to the proposed Amendment.

Consultation with affected stakeholders is scheduled for October 2015. Given the large area to which the Amendment applies, the DHHS will undertake the following actions and activities to inform affected parties of the Amendment:

- Public advertisements in a major newspaper and local newspapers
- Make the Technical Reports, Summary Report and Amendment documentation available for viewing at Councils and on the websites of the DHHS, Air Ambulance Victoria, relevant Councils and hospitals
- Drop-in information sessions for members of the community to discuss and comment on this Amendment.

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- Make the Technical Reports, Summary Report and Amendment documentation available for viewing at Councils and on the websites of the DHHS, Air Ambulance Victoria, relevant Councils and hospitals
- Drop-in information sessions for members of the community to discuss and comment on this Amendment.

Following the information sessions and the receipt of any written submissions, this Amendment will be updated to reflect comments and feedback from affected stakeholders and then submitted to the Minister for Planning for consideration.

In addition to general support for the protection of hospital helipad flight paths, stakeholders made the following comments.
<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Comments</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DELWP</td>
<td>- DELWP confirmed State planning policy support for the protection of hospital helipad flight paths.</td>
<td>- No response required</td>
</tr>
<tr>
<td>MPA</td>
<td>- The MPA advised that it is working with Councils to prepare strategic plans that would seek to encourage increased densities in the vicinity of Monash and Frankston Hospitals.</td>
<td>- Given the height of the Monash Medical Centre helipad (92.6m AHD), surrounding topography and urban context, it is unlikely that future buildings would affect the flight paths. However, construction cranes, towers and plumes could penetrate the DDO and these would require a permit application and referral to the DHHS. - Future development within the Frankston Hospital Employment Precinct may require a permit application and referral to the DHHS.</td>
</tr>
<tr>
<td><strong>Councils</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baw Baw Shire Council</td>
<td>Re: Warragul Hospital - Baw Baw Shire Council raised the intention of the Warragul Precinct Structure Plan to develop land to the south of Warragul Hospital. - Consultation with affected parties was also recommended.</td>
<td>- Subject to the location and heights of proposed buildings and works a permit application and referral to the DHHS may be required.</td>
</tr>
<tr>
<td>Frankston City Council</td>
<td>Re: Frankston Hospital - Frankston City Council raised the strategic plans to encourage higher densities in the Frankston Hospital Employment Precinct.</td>
<td>- Subject to the location and heights of proposed buildings and works a permit application and referral to the DHHS may be required.</td>
</tr>
<tr>
<td>Melbourne City Council</td>
<td>Re: Alfred Hospital, Royal Children’s Hospital and Royal Melbourne Hospital - The City of Melbourne highlighted that DDOs apply to St Kilda Road which seek to encourage building height outcomes. - The City of Melbourne also raised Amendment C173 (Carlton Connect), Amendment C196 (Heymarket Precinct) and the potential for recently approved developments nearby to hospitals. - The need for consultation with affected parties was taken on notice, subject to further understanding about where the DDO would be applied, who would be affected and how.</td>
<td>- This Amendment will introduce a requirement for permit applications and referral of applications to DHHS. The height for an application and referral to DHHS is, in some instances, lower than the ‘maximum height’ allowable (without a permit) under pre-existing zone and/or DDO controls which apply to the land.</td>
</tr>
<tr>
<td>Port Phillip</td>
<td>Re: Alfred Hospital</td>
<td>- This Amendment will introduce a</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>Comments</td>
<td>Response</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| City Council                | - The City of Port Phillip highlighted that DDOs apply to St Kilda Road which seek to encourage building height outcomes.  
- The City of Port Phillip also raised Amendment C107.  
- The need for consultation with affected parties was taken on notice, subject to further understanding about where the DDO would be applied, who would be affected and how. | requirement for permit applications and referral of applications to DHHS. The height for referral to DHHS is, in some instances, lower than the ‘maximum height’ allowable (without a permit) under pre-existing zone and/or DDO controls which apply to the land. |
| Stonnington City Council    | Re: Alfred Hospital  
- The City of Stonnington has prepared Amendment C172 which will apply new preferred height limits to the ‘Chapel Street Activity Centre’.  
- Consultation with affected parties was recommended. | This Amendment will introduce a requirement for permit applications and referral of applications to DHHS. The height for referral to DHHS is, in some instances, lower than the ‘maximum height’ allowable (without a permit) under pre-existing zone and/or DDO controls which apply to the land. |
| Monash City Council         | Re: Monash Medical Centre  
- Frankston City Council raised Amendment C125 and strategic plans being undertaken by the MPA to encourage higher densities in the vicinity of Monash Medical Centre. | Given the height of the Monash Medical Centre helipad (92.6m AHD), surrounding topography and urban context, it is unlikely that future buildings would trigger the DDOs. However, construction cranes, towers and plumes could penetrate the DDO and these would require a permit application and referral to the DHHS. |
| Hospitals                   |                                                                                                                                                                                                          |                                                                                                                                                                                                          |
| Warragul Hospital           | - Expressed support for application of the proposed DDOs in order to protect the flights paths | No response required                                                                                                                                                                                   |
| Frankston Hospital          | - Expressed support for application of the proposed DDOs in order to protect the flights paths | No response required                                                                                                                                                                                   |
| Alfred Hospital             | - Expressed support for application of the proposed DDOs in order to protect the flights paths | No response required                                                                                                                                                                                   |
| Royal Children’s Hospital   | - Expressed support for application of the proposed DDOs in order to protect the flights paths | No response required                                                                                                                                                                                   |
| Royal Melbourne Hospital    | - Expressed support for application of the proposed DDOs in order to protect the flights paths | No response required                                                                                                                                                                                   |
| Monash Medical Centre Clayton | - Expressed support for application of the proposed DDOs in order to protect the flights paths | No response required                                                                                                                                                                                   |
7.0 Conclusion

The Amendment facilitates the proper and orderly use and development of land and is consistent with the objectives of planning in Victoria. The application of the DDOs is consistent with Planning Practice Note 75: Planning Requirements for Heliports and Helicopter Landing Sites which supports the protection of HLS approach and departure flight paths. The Amendment will ensure the ongoing safety and viability of the Victorian air ambulance network thereby protecting public utilities and other assets and enabling the orderly provision and coordination of public utilities and other facilities for the benefit of the community.

The Amendment provides protection for the flight paths used by Emergency Medical Services (EMS) helicopter operations from encroachment by future development that could prejudice the safety or efficiency of the helipad at the relevant public hospitals. The Amendment ensures that proposed developments that trigger the DDO are referred to the DHHS so it can assess whether a proposal affects the operational airspace and safety of helicopter operations.

Protection of the flight paths is crucial to ensure that the community has the benefit of a high quality helicopter service that is safe and efficient. Flight path protection for EMS helicopters operations is crucial for the delivery of trauma services to the most critically ill and injured patients across Metropolitan Melbourne and the State of Victoria.
Appendix A

Context Scan
Appendix A  Context Scan
Appendix B

Technical Heliport Flight Path Reports
Appendix B  Technical Heliport Flight Path Reports

Appendix B1: Royal Children's Hospital
Appendix B2: Royal Melbourne Hospital
Appendix B3: Alfred Hospital
Appendix B4: Frankston Hospital
Appendix B5: Monash Medical Centre Clayton
Appendix B6: Warragul Hospital
Appendix C

Planning Scheme Amendment Documentation
Appendix C  Planning Scheme Amendment Documentation

C1: Draft Explanatory Report
C2: Instruction Sheet
C3: Maps
C4: Ordinances
Appendix D

Aerial Map with Design and Development Overlay
Appendix D  Aerial Map with Design and Development Overlay