



POLICIES AND PROCEDURES MANUAL

Version 10.3



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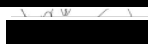
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Jet Rescue Operational Policy Manual

Jet Rescue has been in operation as a Medical Transport Service since January 2007. This service model consists of a stand-alone flight program Med Jets S.A. de C.V. DBA as Jet Rescue Air Ambulance provides Aviation Medical and Administrative personnel as well as Medical Direction and Medical Control services. The aircraft are owned and maintained by Jet Rescue, the pilots and mechanics are employees of Jet Rescue. The AOC Certificate is held by Med Jets S.A. de C.V. and will be produced upon request. Operational Control is maintained by Med Jets S.A. de C.V. Ground operations are provided by Jet Rescue. Mechanical services are provided by outside independent services.

Jet Rescue maintains appropriate insurance certificates for its services, property, and employees. Jet Rescue works collaboratively with outside agencies and entities with whom there are legal requirements and regulations that must be complied with for the purpose of providing Air and Ground medical transport. As such there are a number of Operational and Policy manuals for which personnel of Jet Rescue are required to be familiar with and responsible.

These manuals may include but are not limited to:

- ☐ Jet Rescue Operations and Administrative Policies and Procedures Manual [this document]
- ☐ Med Jets S.A. de C.V. Manual General de Operations (MGO)
- ☐ Med Jets Safety Manual
- ☐ EURAMI Accreditation Standards
- ☐ FAA / FAR AFAC Regulations
- ☐ Jet Rescue Medical Protocols; Medical Standards Guidelines and Medical Procedures: Adult and Pediatric / Neonatal Teams.
- ☐ Jet Rescue SMO for non-Doctor flights



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Subject: Gen 001 Introduction

Welcome to Jet Rescue Air Ambulance! I sincerely wish that your stay at Jet Rescue will be a pleasant and fulfilling one.

I'm sure that your experience and professionalism will incorporate new and valuable knowledge for all of us on board.

This manual will focus more on the way we do things at Jet Rescue and on our business philosophy. If you consider I left out important information or if you think there is a better way to do things please don't hesitate and let me know. I will include all the necessary changes in the following copies...

If you are a seasoned flight Doctor, Nurse, or Paramedic it's very likely you are already familiar with this information. For inexperienced flight crewmembers with little aviation exposure, this manual will get you familiarized with this new aviation environment.

In the next pages, you will be provided with useful information about Jet Rescue's core values, management, and flight procedures.

Feel free to reach me if you have any thoughts after going through this manual, my goal as the CEO is to provide you with all the necessary tools to perform at your best, so that we will never have to apologize to our patients or customers

Sincerely,



Carlos Salinas, T-P, CMTE
President/CEO and Program Director



Subject: Gen 002 Jet Rescue Air Ambulance Mission Statement

Jet Rescue Air Ambulance Mission is to provide unsurpassed air medical transportation worldwide by joining together professional, trained, courteous and compassionate personnel along with state-of-the-art medical and aviation equipment. Our ultimate goal is to serve our clients efficiently, rapidly, and cost-effectively in the markets that we have chosen.



Subject: Gen 003 Statement of Purpose

Jet Rescue is a service-oriented healthcare company dedicated to aeromedical transportation. It utilizes professionally trained nurses, paramedics, and physicians to transfer patients.

It is a profit-motivated organization and will charge a fee for service. It will provide twenty-four-hour health care transport when requested and whenever reasonable, feasible, or appropriate.

The mission of Jet Rescue revolves around aeromedical transport of persons who are unable to travel by conventional means. Aeromedical transport involves more than just putting a stretcher on board an aircraft, but rather it combines the best that medicine and aviation have to offer.

Aeromedical transport is a professional activity and Jet Rescue will strive to reach the highest levels of quality and effectiveness in all of its endeavors.

Objective and Goals

- To provide a high-quality aeromedical transport service at a reasonable cost to the patient.
- To maintain a high level of competency in aeromedical transportation and to promote the highest standards of inflight patient care.
- To maintain flexibility and costs by minimizing overhead and fixed expenses.
- To set new standards for excellence in aeromedical transport.
- To provide a client-oriented, service-motivated approach to aeromedical evacuation.
- To collaborate with other health care practitioners to provide continuity of care.
- To address new modalities and strategies for moving patients by air and to seek new markets for air transportation of patients.
- To advance research on aeromedical transportation and to maintain an awareness of new technology that would be appropriate for aeromedical transportation and implement them when appropriate.



Subject: Gen 004 Scope of Care and Service

Jet Rescue's fleet of dedicated intensive care air ambulances can be activated at any time, 24 hours a day, 7 days a week. Jet Rescue offers bedside-to-bedside service. Medical treatment onboard Jet Rescue air ambulances strictly adhere to the highest international standards.

Jet Rescue offers a worldwide air ambulance service; with a fleet of 4 Learjets, we can assure quick operational activation with the shortest response times in the Americas.

Our fleet is strategically based in Toluca, Mexico. We own, operate, and maintain all 4 Jets. Two aircraft are designed to carry up to two stretchers. These aircraft are fully equipped with state-of-the-art medical technology and staffed with highly qualified medical personnel.

Patient transport requests include, but are not limited to cardiac, respiratory, trauma, burn, neurological, surgical, medical, pediatric, and Neonatal cases. Every transport is screened by our Medical Director to ensure that the most qualified medical staff for the transport is being used.

On average our Air Medical Crew (AMC) has over 3 years of experience in their specialty and in a patient transport setting. Specialty areas include EMS, ED, Adult ICU, and Pediatric ICU.

Jet Rescue also has developed specialty care transport teams for specific patients. Special Teams include, Extracorporeal Life Support ECLS (ECMO, Impella, etc.), Burn Care Team, Pediatric Care Team, and Neonatal Care Team. Each of these teams includes a Doctor, Nurse, or Paramedic with additional training and experience as well as additional continuing education requirements.

New employees receive advanced training in aviation and medical safety, flight physiology, human factors, critical care management, and emergency care management. All medical staff receives initial and recurrent training to verify skill and equipment competency.

Competencies include advanced airway management, intubation, chest tube management, invasive pressure monitoring, cardiac pacing, cardioversion, defibrillation, pharmacology, and other critical care and emergency skills.

Jet Rescue Levels of Care:

- Basic Life Support - Medical Crew: 2 Paramedics/nurse
- Advanced Life Support - Medical Crew: 1 ER / Anesthesia / Critical Care Doctor and 1 Paramedic
- Critical Care - Medical Crew: 1 ER / Anesthesia / Critical Care Doctor and 1 Paramedic
- Specialty Care – Medical Crew: 1 Specialty Doctor, 1 Doctor/nurse, and 1 Paramedic/nurse
 - ECLS: 1 ECLS Specialist/1 (as needed) ECMO Perfusionist/1 Paramedic/nurse
 - Neonatal: 1 Neonatal/Critical Care Pediatric Doctor and 1 Paramedic/nurse

Despite the level of care, Jet Rescue always flies with full critical care equipment on board including a ventilator.



Subject: Gen 005 Philosophy

Jet Rescue is an organization dedicated to excellence in aeromedical transportation. It is also a caring service dedicated to helping people who are in need and often in a crisis situation.

Jet Rescue will always act in the best interests of its clients.

Quality and service are paramount. The organization will strive to set new standards for aeromedical transportation.

Jet Rescue will also provide a competent and professional level of patient care that is not often available in commercial fixed-wing air ambulance service. The organization is committed to innovation and growth of the aeromedical concept and will encourage research and development of this concept. In this context, innovation is highly valued and all members of the Jet Rescue team are expected to contribute towards these goals.

Each member of this air ambulance organization is a member of a special team. It is cognizant of each team member to reach his or her highest level of competence within his or her respective professional role. Each member of the organization is expected to be committed to the organization. Professional autonomy is valued and opinions and suggestions from all members of the team regarding the operation and growth of the organization will be solicited.

Jet Rescue will have proactive management. It believes that all members of the organization have an equal chance for growth and learning. It will institute an open door policy and will provide open forums for collaboration amongst team members.



Subject: Gen 006 Beliefs and Core Values:

Jet Rescue is a socially-oriented company. We conduct business based on our corporate values. We strongly believe in long-term relationships, with our clients, providers, and employees.

This can only be accomplished by conducting business according to universal ethical principles. Being ethical is a culture within the company. We expect our team members and providers to fit within our ethical standards.

HONESTY: To our clients, to our co-workers, and management.

Honesty is defined within the dictionary as meaning to be truthful; to say the truth, freedom from deceit or fraud.

LOYALTY: To our clients, to our company, to the team.

Giving or showing firm and constant support or allegiance to a person or institution.

Genuinely having their best interests at heart. Faithfulness or devotion to a person to a person or group.

DISCRETION: With all the information that might be available to you. The quality of behaving or speaking in such a way as to avoid causing offense or revealing private information. Exercising, or showing prudence and wisdom. Self-restraint in speech and behavior, circumspect.

TEAMWORK: The collaborative effort of a group to achieve a common goal or to complete a task most effectively and efficiently. This concept is seen within the greater framework of a team, which is a group of interdependent individuals who work together towards a common goal. It is the fuel that allows common people to attain uncommon results.

Other Values

- Safety is our **first** priority.
- Human life is sacred.
- Each of us is a unique individual and has an inalienable right to life, liberty, happiness, and well-being.
- People are inherently good and will strive to reach their maximum potential if they are given the proper environment to work in.
- The dignity and worth of each individual are to be respected at all times.
- Each member of the organization is invaluable and will have an equal chance for input.
- People are our greatest resource. All people are equal and have equal opportunities for expression. Informal interpersonal communication is highly valued.



Subject: Gen 007 OUR HISTORY

Jet Rescue history can trace its roots all the way back to the '70s when Mr. Richard Williams, a British man started in San Diego, California a company called Air Evac International.

One of the first air ambulance companies that served Southern California and Mexico.

In 1992 he hired and trained me to start air operations in the Mexican Territory with Mexican medical personnel and aircraft.

Air Evac International S.A. de C.V. was then created. Along with many preceptors, Mr. Milan Floribus was the lead flight coordinator at the time.

When Air Evac S.A de C.V. began, it operated from Aguascalientes Mexico.

Air Evac chartered a Brand New Cessna Citation V, this aircraft had to be sold by the owner and Air Evac had to move to Guadalajara, Mexico to seek other jet operators.

In 1994 Mr. Richard Williams was about to retire when he encouraged me to start my own company in partnership with two Mexican Pilots, and a pediatrician from Guadalajara.

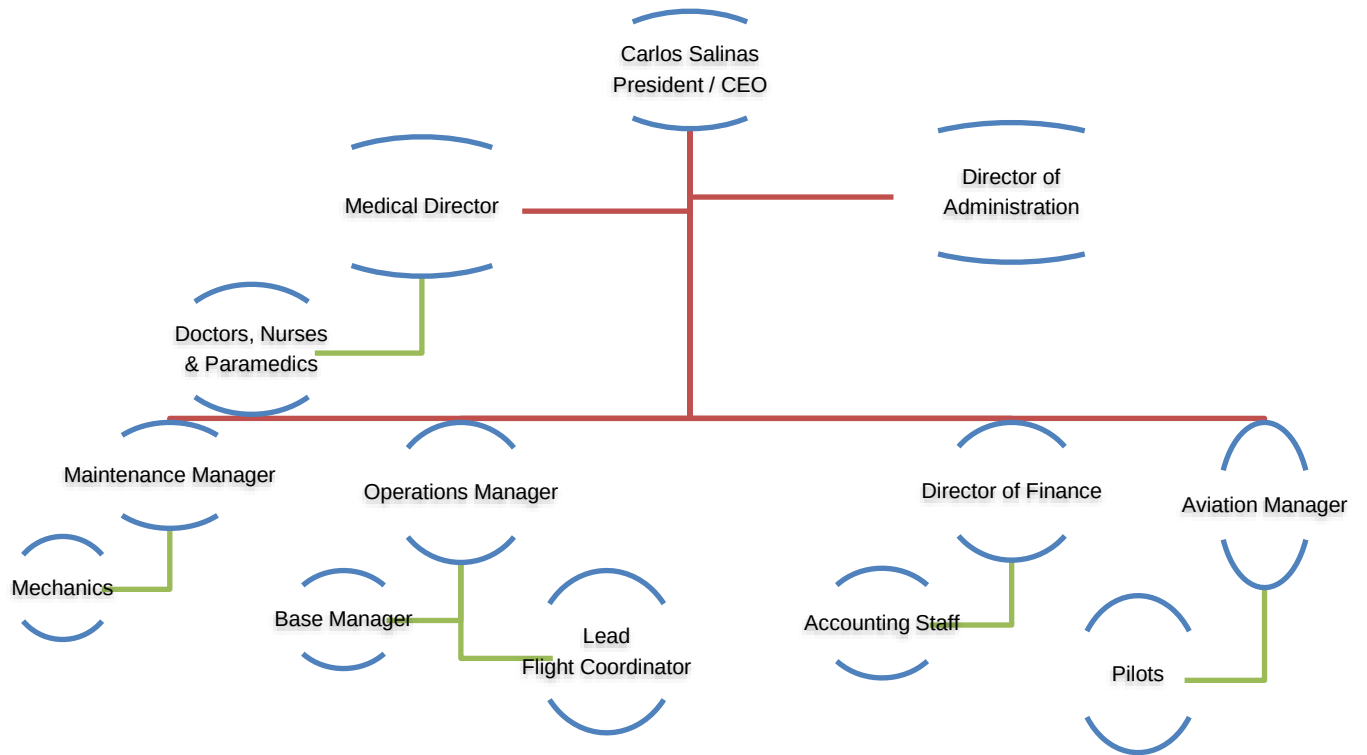
The corporation was called Air Care. This new corporation lasted only two years and was dissolved; I stayed in business. In 1996 I formed Global Life Flight.

Global Life Flight under my leadership became one of the most important, reliable, and largest air ambulance companies in Latin America. After eleven years in 2007, I decided to start a new company with a different vision, and renewed energy. It's been lots of fun, flight hours, learning, stories, and mistakes.

I am totally convinced that with all our previous experience, passion, and knowledge, combined with all of our resources and capabilities, Jet Rescue is the absolute best air medical program in Latin America.



Subject: Gen 008 Organizational Chart





Subject: Gen 009 Standard Jet Rescue Terminology

Just as medicine or any other profession has its unique terminology, aviation is not an exception. We will try to include as much terminology as possible that can be useful during air ambulance operations.

Aborted Flight: A flight, which was canceled after lift-off.

Actual Altitude: The Real altitude the Aircraft is flying above sea level. Learjets usually cruise at an altitude of 41,000 ft or above. That would be the actual altitude.

ACU-KWIK: a resource for aviation information, you will find all airport information necessary to coordinate a flight, airport codes, runway specifications, FBO's and handler information, customs numbers, etc.

Aeromedical Flight Crew Manual [AFCM]: The core training manual for the Jet Rescue medical flight team.

Air Nav: a website used by pilots all around the world, It includes detailed information about worldwide airports.

Air Traffic Control [ATC]: The federal flight following system is comprised of air traffic controllers who follow and separate aircraft by radar and radio.

Alternate Airport: An airport at which an aircraft may land if a landing at the intended airport Becomes inadvisable [usually due to weather].

Approach Control: A terminal ATC function, which provides radar separation, control, and Instructions to landing aircraft.

Arrival: The time the aircraft is scheduled to arrive at an airport. [See departure]

Audit and Review Committee [Medical Advisory Board]: A board comprised of the medical director, at least two community physicians, and the Medical Director who oversee all medical aspects of Jet Rescue. This board meets on a quarterly basis. Other members of Jet Rescue may be appointed as needed.

Below Minimums: Weather conditions below the minimums prescribed by regulation for landing or taking off [i.e. cloud ceilings below the minimum descent altitude for a non-precision landing].

Cabin Pressure: The artificial pressure inside an aircraft. Learjets can be pressurized to different altitudes that range from sea level to approx. 8000 ft. This can be selected according to the need of the patient. There is a Ratio between actual altitude and cabin pressure. Example:
You can fly at a 41,000 ft altitude maintaining a cabin pressure of 6500 feet above sea level.



Center [ARTCC]: An air traffic control facility with provides radar guidance and separation to in route traffic. The centers usually cover a wide geographic area whereas an approach control usually only covers one or a small number of airports.

Charter/Commercial Air Ambulance: A free-standing air Ambulance Company or air taxi Operator who provides patient transportation.

“Charter Suite”: It is a commercial software designed for flight departments. It has various functions and tools such as; quote creator, airport locator, Eapis format, itinerary creator, it helps a flight coordinator to create an efficient route.

Clear Air Turbulence [CAT]: Turbulence that is encountered in the air where no clouds are present. This term is commonly applied to high-level turbulence associated with wind shear. CAT is often encountered in the vicinity of the jet stream.

Controller: An air traffic control specialist who provides radar guidance, separation, and radio Coverage to aircraft.

Departure: The time, which the aircraft is scheduled to leave the airport. [see arrival]

Ear/Sinus Block: Continuous pain or pressure to the ears or sinuses felt during ascent or descent of the aircraft due to changes in pressure.

Emergency Locator Transmitter [ELT]: A radio transmitter attached to the aircraft structure and powered by a battery, which will trigger automatically after a crash. The ELT aids search and rescue operations to help locate a downed aircraft.

Equipment Lists: Lists used for stocking flight bags and gives the location of all medical supplies/equipment that Jet Rescue uses.

Executive Committee: A board consisting of the president, vice president, treasurer, and secretary of Jet Rescue. This board oversees policy and recommends action or decisions regarding Jet Rescue.

Final: An aircraft on the final approach course, which is in a position to land at an airport. [Also Short Final].

Fixed Base Operator [FBO]: The area at an airport where private aircraft park and are refueled. Note: some airfields have multiple FBOs.

Fixed-wing: A generic term referring to any conventional airplane that has wings and an engine(s).

Flight Bags: The medical kits which the medical flight crew takes on all missions.



Flight Line: The area of the airport, usually in front of the FBO, where the planes load people or patients. [see also ramp]

Ground Transport: An ambulance or any other vehicle which carries a patient to or from the airport.

Hypoxia: The effects on the body due to a decrease in oxygen caused by increasing altitude.

ICAO Code: Airport code or location indicator is a four-letter alphanumeric code designating each airport around the world. These codes are defined by the International Civil Aviation Organization.

IFR/VFR: Pertains to Instrument Flight Rules or Visual Flight Rules. IFR aircraft are under constant radio and radar guidance by air traffic control. VFR aircraft can fly without radio/radar contact but must have visual contact with the ground and horizon. Jet Rescue aircraft always operate under IFR rules with a patient onboard as it places the airplane and crew under the direct supervision of Air Traffic Control at all times. VFR aircraft may be small private planes that do not travel in clouds and that is not usually under supervision by Air Traffic Control.

Instrument Landing System [ILS]: A precision electronic guidance system that allows an aircraft to land at an airport in poor weather. [see Non-precision Approach]. Generally, the ILS will allow an aircraft to descend to 200 feet and be within one mile of the runway.

Minimed Pump: The intravenous infusion pump used by medical personnel for patients with IVs.

Life Port: The stretcher used by Jet Rescue on all aircraft. The FAA certifies this aircraft stretcher system. Provides a source of oxygen, medical air, vacuum, and electricity.

Medical Crew: The trained medical flight crewmembers who fly on actual patient missions and perform inflight patient care.

Medical Flight Notes: The document, which is filled out by the medical crew when Jet Rescue transports a patient. It details the medical care given by the medical flight crew and a copy is forwarded to the patient.

Medical Director: A physician who acts as director for all medical aspects of Jet Rescue. He is also chairman of the audit committee.

Mission Coordinator: (also called Flight coordinator) This is the person responsible for coordinating mission requests from referral agencies, hospitals, or the general public. The mission coordinator will tend to all logistics of the mission including coordination of ground transportation, flight crews, and scheduling of flights.



Non-precision Approach: An electronic guidance system that allows an aircraft to descend to a certain height above the airport before visual contact must be made. Generally, the non-precision approach has higher minimums than the ILS. Therefore an aircraft can sometimes land at an airport with an ILS but is not able to land at an airport with a non-precision approach in poor weather.

NOTAM: Notice to airmen; NOTAMs are issued and reported for a number of reasons, such as:

- Hazards such as air shows, parachute jumps, kite flying, rocket launches, etc.
- Flights by important people such as heads of state (sometimes referred to as Temporary Flight Restrictions, TFR`s)
- Closed runways
- Inoperable radio navigational aids
- Military exercises with resulting airspace restrictions
- Inoperable lights on tall obstructions
- Temporary obstacles near airfields (e.g. cranes)
- Passage of flocks of birds through airspace (a NOTAM in this category is known as a BIRDTAM)
- Notifications of runway/taxiway/apron status with respect to snow, ice, and standing water (a SNOWTAM)
- Notifications of runway /taxiway/apron status with respect to volcanic ash or other dust contamination (an ASHTAM)

Off-field Landing: Landing an aircraft in an area other than an airport [i.e. field, interstate highway].

On load/Offload: The process of placing a patient on board one of Jet Rescue airplanes or taking him/her off at the destination.

Passenger Briefing: Orientation of any passengers or patient to the airplane and its emergency procedures by the flight crew.

Port Of Entry: Designated airport to land when flying into the United States when coming from a foreign country. There are 327 official ports of entry in the United States.

Precautionary Landing: A landing other than the intended airport due to aircraft equipment malfunction.

Preflight Briefing: A conversation between the mission coordinator, pilots, and medical crew before a flight regarding patient and aviation considerations of a particular transport.

Rotor Wing: Refers to helicopters only

Service Area: The area, which Jet Rescue generally services. Routinely, Jet Rescue will pick up or deliver a patient within North and Central America. Other areas of the world may be serviced as appropriate.



Standard Medical Orders: Medical routines or protocols, which may be used by the Non-Physician medical flight, crew as directed by the medical director.

Sterile cabin: Refers to the 5 minutes prior to takeoff or landing in which you shouldn't talk or distract the pilots unless there is an emergency aboard.

Stresses of Flight: The factors, which act upon patients and crew due to travel in aircraft. These are hypoxia (decrease in oxygen content due to altitude), changes in pressure, changes in temperature, decreased humidity, noise, vibration, or fatigue from any of the above.

Tail #: Aircraft registration number; an aircraft registration is a unique alphanumeric string that identifies an aircraft, in a similar fashion to a license plate on an automobile.

- U.S. registered AC start with the letter "N"
- Canadian registered AC starts with the letter "C"
- Commercial Mexican registered AC start with "XA"
- Private Mexican registered AC start with "XB"
- Government Mexican registered AC start with "XC"

Taxi: To move the aircraft under power from the gate or ramp to the runway [or reverse].

Telephone Report: A phone report between a Jet Rescue Medical Crew member and the Nurse or Doctor taking care of our patient in a hospital or agency.

Treatment Protocols: Medical routines which may be used by the medical flight crew as directed by the medical director.

Turbulence: Unstable air which can cause violent rocking of the aircraft while in flight [see Clear Air Turbulence].



Subject: Gen 010 Common Aviation Abbreviations

- AC – Aircraft
- ASL- Above Sea Level
- CBP- Customs and Border Protection
- ETA – Abbreviation for Estimated Time of Arrival
- ELT – Emergency Locator Transmitter
- ETD – Abbreviation for Estimated Time of Departure
- FAA – The Federal Aviation Administration (FAA)
- FBO – Fixed Base Operator
- FT- Feet
- IFR – Instrument Flight Rules
- NM – Nautical Mile 1 nautical mile = 1,852 meters exactly. Also called *sea mile*.
- PAX – Refers to passenger
- SM Statute Mile - the *statute mile* of 5,280 feet (exactly 1,609.344 meters)
- VFR - Visual flight rules (VFR)
- UTC Universal Time Coordinated also Called Zulu or GMT (Greenwich Meridian Time)



Subject: Gen 011 Jet Rescue Fleet Profile

What is a Learjet?

The most magnificent business jet ever built. Versatile, fast, and economic. First constructed in the mid-'60s by Mr. William "Bill" Lear. He used a Swiss fighter prototype as the model for his airplane. There are several models, the more commonly used in an air ambulance are 24, 25, 35, 36, 45, 55, and 60. All of Jet Rescue's fleet aircraft are 100% dedicated as critical care air ambulances.

Learjet 25 is an 8-seat turbojet capable of carrying 2 pilots, 1 patient, 2 medical personnel, and 3 travel companions. Range 1,200 nautical miles.

Learjet 35

Is the turbofan engine version of the 25, but 3 or 4 inches bigger. Garret Turbofan engines are less noisy and consume less fuel than the Lear 25 engines. Range 2,000 nautical miles.

Number in Fleet 1

Learjet 36

Is a long-range, twin turbofan-powered aircraft. The Lear 36 expanded on Learjet 35's range. It 1,990 nautical miles nonstop.

Number in Fleet 1

Learjet 55

Is a Mid-size cabin aircraft that has a "stand-up" cabin and complete lavatory. The aircraft is powered by Garret turbo fan engines. Range 2200 nautical miles.

Number in Fleet 1

Learjet 60

Is a Mid-size cabin aircraft, but the cabin of the Learjet 60 is the biggest yet in the Learjet line.

Number in Fleet 1



Subject: Gen 012 Administrative Coverage

Purpose: Provide a consistent level of guidance administratively for all staff to deal with unusual operational issues that arise within the company.

Policy:

1. The management team of Jet Rescue will provide consultative coverage by mobile telephone and WhatsApp on a rotational basis 24 hours per day/365 days per year.
2. The administrator will be contacted by the duty nurse or paramedic as issues arise. Transport/Communication issues may also result in the flight coordinator contacting the Administrator on call.
3. Staff is responsible for obtaining all pertinent information prior to placing the call to facilitate expedient decision-making.
4. The manager on call is responsible for maintaining a working mobile phone and responding to all requests for assistance within a reasonable time frame.
5. Managers will attempt to assist with the issue at hand or will seek assistance to assure resolution.



Subject: Gen 013 Master Staffing Plan

Purpose: To maintain 24/7/365 service coverage.

Policy: Each aircraft will be staffed with 2 pilots and 2 medical personnel 24/7 year-round.

Application: All Jet Rescue Air Ambulance Operational Staff.

Procedure:

The Jet Rescue aeromedical program is staffed twenty – four hours per day, seven days a week with specially trained doctors, nurses, and paramedics. One flight team per aircraft is on duty at all times. Each flight team consists of one MD or RN, one EMT-P, and two pilots who are on call.

Shift changes occur at 8:00 a.m. every morning. Each medical crew member works five 24 hours on-off shifts for 2 weeks and then is off for 6 continuous days. This pattern allows for a 6 day in a row rest period.

Pilots are on call 23 days a month from home and have 7 days off in a row. Jet Rescue Pilots are our full-time employees. Each pilot has over 3,000 hours of flight time.

AVIONICS & LEAR SERVICE S.A. de C.V. is our sister company and also our maintenance provider, they provide a maintenance technician available twenty-four hours per day. These technicians are factory trained and have a minimum of two years of field experience.

The flight nurses have at least two years of critical care or emergency care experience and have received advanced training in aeromedical issues. The flight doctors get the same training as flight paramedics. Most of them have strong prehospital experience prior to becoming physicians. The flight paramedics have at least two years of experience on a high-volume mobile intensive care unit prior to beginning their flight careers. Doctors, nurses and paramedics are certified in ACLS, PHTLS (or equivalent), advanced procedures, and PALS.

Communications personnel are available twenty–four hours a day to receive and dispatch the appropriate EMS vehicle. Communications personnel work twelve-hour shifts also with a shift change at 7:00 a.m. and 7:00 p.m. They work seven twelve-hour shifts in a two-week pay period but are hired for either the day or the night positions. Every other weekend is a three-day weekend off. Communications personnel are all knowledgeable of AFAC regulations.



Subject: Gen 014 Importance of Human Resources for Success

Purpose: To highlight the importance of our staff as the most important factor for success

Policy: Jet Rescue Believes that the most important asset that the company has, is its people, we are committed as a company to train, motivate and contribute to their personal and professional Goal

Application: All Jet Rescue Air Ambulance Staff.

Procedure: N/A



Subject: Gen 015 Screening Employment Applications

Purpose: Establish a standard process for screening new employee applicants

Policy: The administration department following the underneath practices will receive new employee applications, for posted positions.

Applicants will be screened for minimum requirements for the position being applied for prior to scheduling interviews. Additional screening processes will be carried out post-interview for any applicant that an offer of employment is extended. Failure to supply appropriate documentation or falsification of documents will be grounds for disciplinary action up to and including withdrawal of job offer or termination if employed.

Application: All employees

Procedure: Initial Application Process

1. Potential applicants will file an Application for Employment with the administrator in charge of Human Resources.
2. Applications will be received by department management and reviewed for meeting the minimal requirements of the position applied for.
 - A preliminary phone screening may be included in this process.
 - Qualified applicants will receive an introduction letter, a copy of the job functions, and a copy of the departments "Fitness for Duty" policy
3. Qualified applicants will be contacted with the date scheduled for conducting interviews.
4. Other applicants who have been phone screened will receive a letter of thanks acknowledging the phone screen and declination of their application
5. Applicants will be scheduled for an interview at Jet Rescue.
6. Medical applicants will be scheduled by the Operations Manager.
7. Other applicants will be scheduled by administration management.
8. Applicants will supply all required documentation at the time of interview
9. The Company may choose to post for internal applicants before posting externally.



Interview Process

1. Interviews will be conducted in the office by a minimum of 3 and a maximum of 4 Jet Rescue staff of which at least 2 staff members will be from Leadership and 1 staff member from the discipline being interviewed for.
2. Interviews will be conducted by use of a standard set of questions using a scoring system of 1-5
 - Additional components may include

¾ Basic knowledge written exam for the appropriate discipline

¾ Scenario based practical

¾ Separate interview with the Medical Director[s] (for medical crew or by high board request) and Program Director

3. Scores will be tabulated and used as one component for determining if an applicant will be extended a job offer.
4. Final summary on the scoring form will include a recommendation to extend an offer of employment or not.
5. Management will review the scoring forms and determine if an offer of employment will be extended to the applicant.

Offer of Employment

1. Offers of employment will be extended after successful completion of a background check as conducted by HR.
2. Subsequent screening processes for prospective employees will be carried out as per standard practice and may include criminal background checks and drug screening.
3. Applicants who successfully complete the screening process will be contacted by Human Resources and notified of their employment start date.
4. Jet Rescue management will be notified that the prospective new employee has accepted the position and their scheduled start date.



Subject: Gen 016 Hiring Guidelines

Purpose: To provide guidelines to the management staff when conducting interviews and hiring new team members

Policy: The following hiring guidelines will be utilized in the selection and screening of all applicants.

Application: All Jet Rescue Staff

Procedure:

Emergency Medical Technician-Paramedic

1. Must attain a High School Diploma or equivalent
2. Must have EMT–P Certification prior to hire CCEMT-P preferred prior to hire.
3. Must have or be eligible for a valid Estado de Mexico Driver License.
4. Must hold current Basic Life Support, Prehospital Life Support & Advanced Cardiac Life Support provider card (or equivalent) prior to interview.
5. Two (2) years of recent pre-hospital experience as a Paramedic in a high volume system required;
6. Must be able to lift 150 pounds with assistance.

Nurse

1. Maintains current RN licensure in Mexico
2. Three (3) years of ER or ICU experience required, five (5) years preferred. A combination of experience is preferred.
3. Current Advanced Cardiac Life Support, Basic Cardiac Life Support, and Pediatric Advanced Life Support provider required prior to interview.
4. Current Trauma Nurse Core Course, or Pre-Hospital Trauma Life Support.
5. Obtain Neonatal Resuscitation within one year of hire required.
6. Must meet current height and weight restrictions.
7. Must be able to lift 150 pounds with assistance.



Doctor Pediatrician or Neonatologist

1. Maintains current MD licensure in Mexico with Board Certification in Pediatrics or Neonatology.
2. Three (3) years experience in either PICU or NICU required; five (5) years preferred.
3. Neonatal Resuscitation Program and/or Pediatric Advanced Life Support, and Basic Cardiac Life Support required.
4. Must meet current height and weight restrictions.
5. Must be able to lift 150 pounds with assistance.

Doctor Adults

1. Maintains current MD licensure in Mexico with Board Certification in EM, ICU, or Anesthesia.
2. Three (3) years experience in either ER or ICU required; five (5) years preferred.
3. Basic Cardiac Life Support required prior to interview.
4. Advanced Cardiac Life Support required prior to interview.
5. Must meet current height and weight restrictions.
6. Must be able to lift 150 pounds with assistance.

Mission Coordinator

1. High School Diploma or equivalent required.
 2. One year of experience in radio communications or dispatch experience or the equivalent of training and directly related experience required.
 3. Direct Aviation communication experience preferred.
 4. EMT preferred, AFAC Aircraft Dispatcher preferred.
 5. Basic computer skills and knowledge of basic medical terminology required
 6. If no previous communication experience recommends NAACS Certified Flight.
- A Communications Course or an equivalent within one year of hire is encouraged.



Subject: Gen 017 Job Descriptions

Purpose: To advise prospective and current employees of what is expected in a certain job or position. It is also a guideline to employees for quality service delivery.

Policy: Each employee must have a copy of his job description. Signature of receipt will be added to the employee's personnel file.

Application: All Jet Rescue Air Ambulance Staff.

Procedure: Management will hand over a copy of the job description to every employee of Jet Rescue Air Ambulance. After receiving the copy the employee must sign a receipt acknowledging receipt of such job description.

Position Title: Medical Director

Responsible to: President

General Summary

Full-time administrative responsibility for providing leadership, pre-flight medical consultation, online medical control, clinical practice standards, staff development and teaching, coordinate public education for all Jet Rescue Clinical Staff.

Principal duties and responsibilities:

- The medical director is actively involved in administrative decisions affecting patient transports, including but not limited to medical care.
- Is actively involved in hiring, training, and continuing education of all medical personnel.
- Evaluates each transfer to determine appropriate medical team configuration and aircraft configuration.
- Actively participates in regional or statewide physician groups involved in pre-hospital care.
- Develops written standing Medical Guidelines and permit guidelines, ALS and BLS procedures to be performed without direct medical communication.
- Develops guidelines to ensure the patient is transferred to the appropriate medical facility according to the patient's condition.
- The Medical Director, or designee, is available 24 hours a day/7 days a week to maintain open communications with referring and accepting physicians.
- The Medical Director, or designee, is accessible for concerns expressed by referring or accepting physicians regarding patient management and controversial issues.



- The medical director is actively involved in orienting physicians providing online medical direction according to policies, procedures.
- The Medical Director actively participates in developing and implementing a Quality Assurance program that incorporates safety and risk management issues, including EMTALA, SSA, and any other national or international healthcare regulations.
- Participates in a quarterly Safety / Risk Management / Quality Assurance meeting reviewing patient care records, policies/guidelines and procedures, and new employment applications.
- Oversees and ensures appropriate security procedures for medications, fluids, and controlled substances are in compliance with national and international regulations.
- Approves and shows documentation of any substitution of equipment or medications.
- Plans, and coordinates continuing education.
- Participates as a crew member on an air ambulance transport for a minimum of 10 hours per year.
- Provides input into departmental and in writing exhibits excellent interpersonal skills and extensive knowledge of aeromedical programs.

Knowledge, skills, and abilities required

1. Must meet all qualifications of Flight Doctor job description.
2. Previous experience as chief flight doctor and/or comparable administrative and management experience required.
3. Previous flight doctor experience is required.

Working conditions

1. Monday-Friday office work schedule.
2. Must be on administrative call 24 hours a day.

Job performance standards



Position Title: Medical Director

Responsible to: President

Department: Medical Department

- I. 25% Clinical /operational duties equivalent to those of a full-time staff flight doctor including quality assurance, flexibility, clinical proficiency, professional growth, and instructional leadership.

Measured Method: Supervisory observation with examples and documentation of variance.

Exceeds: Works as the backup on-call physician for more than two flight shifts per pay period.

Meets: Works as the backup on-call physician for more two flight shifts per pay period.

Below: Works as the backup on-call physician for less than two flight shifts per pay period.

In addition to the above job duties, the Medical Director will be held accountable for:

- II. 25% Teaching and Evaluation of Medical Staff.

2.0 15% In-house lectures and Staff rotations.

2.1 10% Development of annual schedule and budgets.

Expenses shall be controlled (when adjusted for volume and growth) within -2% and +2% of budgeted or anticipated volumes. Variances must be documentable.

Measured Method: Supervisory observation with examples and documentation of variance.

Exceeds: More than 1 Public Lecture per month and Expenses are greater than the -2% margin.

Meets: 1 Public Lecture per month and Expenses are within the margin.

Below: Less than 1 Public Lecture per month and Expenses exceed the +2% margin.

- III. 5% Productivity.

3.0 5% Assigned and assumed projects will be completed within time frames mutually agreed upon by the President and Medical Director. Deadlines may be altered dependent upon resource availability, urgency, and existing external and internal factors. Altered deadlines will also be mutually agreed upon by the President and the Medical Director.

Measurement Method: Supervisory observation with examples and documentation

Exceeds: Completes greater than 95% of projects within the time frame.

Meets: Completes 90-94% of projects within the time frame.

Below: Completes 89% or less of projects within the time frame.



IV. 25% Quality of Service.

4.1 5% Quality Assurance program with 100% review of flights will incorporate administrative, medical, and operational issues related to the service. Areas needing improved service will be presented as needed at staff meetings for staff/peer review/evaluation. Continuing education in-services will be provided. Maintains regular interaction with the operations manager and base managers.

Measurement Method: Supervisory observation with examples and documentation

Exceeds: QA reports will be turned into the QA committee each month before the deadline, ten or more times per year. Twelve or more staff meetings will be held annually with six of these encompassing physician chart review. Four continued education in-services are provided per year.

Meets: QA reports will be turned into the QA committee each month by the deadline. Ten to eleven staff meetings will be held annually with five of these encompassing physician chart review. Three continued education in-services are provided per year.

Below: QA reports will be turned into the QA committee after the deadline without appropriate justification. Less than three continued education in-services provided per year.

4.2 10% Maintains positive relations with patients, family member, insurance companies and hospitals by following complaints or comments and providing feedback within two working days after the Medical Director has been notified.

Measurement Method: Supervisory observation with examples and documentation

Exceeds: Complaints are kept at 3% or less of the total yearly flight volume.

Meets: Complaints are 4-5% of the total yearly flight volume.

Below: Complaints are greater than 5% of the total yearly flight volume.

4.3 5% Frequency and severity of injuries on employee and/or patient are minimized through the accomplishment of the following:

1. Fitness evaluations and improvement programs for each employee.
2. Identifies and prevents unsafe acts by employees. Identifies and corrects unsafe conditions within the work area.
3. Conducts a safety in-service at least once per month with staff members. Ensures all employees know and follow prescribed safety policies.
4. Serves as a permanent member of the Safety Committee.
5. Establishes and manages an ongoing health and safety program to include:
 - a) Fitness evaluations and improvement programs for each employee.
 - b) Weight requirements are based on established standards and incorporated in the policy.
 - c) Training in and adheres to OSHA/SSA and universal body fluid precautions.



Measurement Method: Supervisory observation with examples and documentation.

Exceeds: No Injuries
Meets: One to two injuries.
Below: Greater than two injuries

4.4 5% ensures that program policy, policy procedures, and protocol are updated on a yearly and PRN basis and are adhered to by program personnel. Discrepancies are followed up on and feedback is provided within 72 hours of notification of the Medical Director.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: Policies, procedures, and protocols are reviewed annually. Two or less discrepancies occur annually.
Meets: Policies, procedures, and protocols are reviewed annually.
Below: Policies, procedures, and protocols are reviewed in greater than one year.
Greater than five discrepancies occur annually.

V. 15% Human Resources Management

5.1 5% Employees Performance Appraisals are completed by due dates and are based upon the employee being measured and evaluated by the Medical Director when the Medical Director is scheduled as a crew member.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: Employee Performance Appraisals are in Human Resources by the due date, no more than two exceptions. The Medical Director is scheduled to fly with each crewmember six times per year.
Meets: Employee Performance Appraisals are in Human Resources by the due date +5 days with no more than two exceptions past due date + 5 days. The Medical Director is scheduled to fly with each crew member five times per year.

Below: Employee Performance Appraisals are in Human Resources by the Due date +5 days, with greater than two exceptions. The Medical director is scheduled to fly with each crew member less than five times per year.

5.2 5% The Medical Director will monitor departmental retention by identifying the current annual turnover percentage for the department. Affect the desired turnover increase by establishing and continuing Employee Relations Plan with the following elements: (Problem Identification, Monitoring, Communication, Tailored Action Plan)

- The Medical Director will initiate the Employee Relations and retention plan beginning with interviewing all prospective flight crew applicants. This process will include the presentation



of departmental goals, objectives, and expectations. This is to include the job performance standards review and philosophy of Jet Rescue. The Medical Director will elicit the applicants' personal and professional goals and expectations of JR, and its management. The purpose of this interview is to provide a mutual understanding of both parties' interests so that these goals are met.

- Establish and maintain a record system for terminations and “real” reasons. Create personal records and utilize furnished Turnover Stats, Exit Interview Results, Opinion Surveys, Employee Audits, etc.

The Medical Director will also have an exit interview with all flight crewmembers leaving the program either by resignation, or termination. The purpose of which is to determine the “real” reason for leaving and to provide a mutual understanding of each entity's position with the change.

- Monitor results as follows for calendar quarters:

1Q=___% 2Q=___% 3Q=___% 4Q=___%

- Departmental Communication – Establish and/or maintain monthly and PRN face-to-face employee departmental meetings to provide two-way feedback of results and concerns. Show results through attendance records and meeting minutes.

The Medical Director will have informal one-on-one meetings with each crew member on a monthly basis and also as needed. These will be arranged to fit the crew members' schedules. The purpose of these meetings is to clarify expectations, elicit feedback, assist in problem identification, and obtain an understanding of the employees' concerns and interests, and maintain open lines of communication.

Establish quarterly or as-needed meetings of all flight crew, pilots, mechanics, and communications officers in an open forum to provide feedback within all areas and to enhance the cohesiveness of each facet of the operation.

Utilizes Employee Opinion Survey Information positively to address areas of departmental improvement, elicits staff input to problem resolution, and implements action plan with follow up at least every 6 months.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: Departmental turnover is 10%
Meets: Departmental turnover is 20%
Below: Departmental turnover is greater than 20%

5.3 5% Disciplinary action will be taken as outlined below. Each employee will be treated with dignity and respect. The Medical Director will adhere to the principles of communicating expectations, regular feedback, and progressive correction (unless gross misconduct is involved)



- For each employee maintain documented records of positive and negative behavior/results.
- Case preparation: when proposing discipline, follow sound guidelines for Disciplinary Action. This includes documented evidence of communication of rules, investigation, and progressive discipline. Sample cases during the review period will be considered.
- Termination – to ensure employee fairness and reduced liability to Jet Rescue, each termination proposal must be reviewed by the Chain of Command including the Administrator and Director of Human Resources. Cases during the review period will meet the following standards:
 1. Temporary suspension pending investigation and final outcome.
 2. The standard for Termination Documentation.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: No complaints per six months.
Meets: One to two complaints per six months.
Below: Greater than two complaints per six months.

VI. 5% Situational Leadership

6.1 The Medical Director consistently demonstrates positive interpersonal relations with all constituencies and cooperates harmoniously with others as evidenced by the unit manager comments, informal observation of problem-solving techniques, and improved relations with other hospital departments to accomplish the goals of the facility.

The Medical Director shares information appropriately and in a timely manner both vertically and laterally in all directions.

The Medical Director demonstrates the ability to respond positively to change so as to maximize the opportunity to minimize the problem. Demonstrates good judgment in decision-making and exercises authority as appropriate.

The Medical Director will delegate assignments to personnel as appropriate. This includes the clear communication of expected results, and time frames, as well as feedback of the employees' understanding of the assignment. The purpose of the delegation will both increase staff productivity and involvement in the program, as well as elicit staff feedback regarding program operations. Assumes responsibility for own actions and monitors the actions of the flight team members as it relates to daily duty assignments.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: No complaints per six months.
Meets: One to two complaints per six months.
Below: Greater than two complaints per six months.



Position Title: Medical Operations Manager
Responsible to: Medical Director / President

General Summary

24-hour administrative responsibility for providing leadership and works under the supervision of the Medical Director. Is directly involved with planning, Clinical practice standards, staff development, and teaching, and public education for Jet Rescue.

Principal duties and responsibilities

Coordinates short and long-term staffing needs. Selects staff in conjunction with the Medical Director and Base Manager. Supervises evaluates performance and documents technical skills for flight Nurses and Paramedics. Helps Medical Director establishing and implementing clinical standards, policies, procedures, and protocols. Monitors equipment maintenance. Develops departmental budgets. Participates in meetings and committees as required. Serves as liaison with community paramedics, and other ambulance services. Able to perform all duties of a flight nurse and scheduled to fly weekly and as needed.

Helps Medical Director to develop orientation procedures for all new crewmembers. Enforces the continuing education program.

Provides input into departmental and in writing exhibits excellent interpersonal skills and extensive knowledge of aeromedical programs.

Provides input into departmental public relations goals. Speaks publicly in a variety of situations; develops public relations audio/visual programs.

Knowledge, skills, and abilities required

1. Must meet all qualifications of Flight Paramedic or Nurse job description.
2. 3-5 years flight experience required; fixed-wing preferred.
3. Experience with and/or knowledge of accreditation and certification requirements, standards, and clinical operations.
4. Experience with personnel assessment and evaluation procedures.
5. Experience with and knowledge of current principles, methods, and procedures for medical treatment in air medical transports.



Working conditions

1. Same as Flight Paramedic.
2. Must be on administrative call 24 hours a day.

Job performance standards

Department: Medical Department

- I. 10% Clinical /operational duties equivalent to those of a full-time staff flight Nurse or Paramedic including quality assurance, maintenance of aircraft operations, flexibility, clinical proficiency, professional growth, and instructional leadership.

Measurement Method: Supervisory observation with examples and documentation of variance.

Exceeds: Works greater than two flight shifts per pay period.
Meets: Works two flight shifts per pay period.
Below: Works less than two flight shifts per pay period.

In addition to the above job duties the Operations Manager will be held accountable for:

- II. 25% Financial Management.

2.1 15% Development of annual department budget taking into consideration current and forecasted reimbursement patterns, proposed flight volumes based on the previous history, and overall program productivity.

Expenses shall be controlled (when adjusted for volume and growth) within – 2% and +2% of budgeted or anticipated volumes. Variances must be documentable.

Measurement Method: Supervisory observation with examples and documentation of variance.

Exceeds: Expenses are greater than the -2% margin.
Meets: Expenses are within the margin.
Below: Expenses exceed the +2% margin.

2.2 10% Process purchase order, check requests, and outside vendor purchases in a timely and appropriate manner providing justification for utilization of it to the Administrator.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: Accounts are processed within five days of receipt.
Meets: Accounts are processed within six to ten days of receipt.
Below: Accounts are processed within 11 days or more from receipt.



III. 15% Productivity.

3.1 15% Assigned and assumed projects will be completed within time frames mutually agreed upon by the Operations Manager and the President. Deadlines may be altered dependent upon resource availability, urgency, and existing external and internal factors.

Altered deadlines will also be mutually agreed upon by the President and the Operations Manager.

Measurement Method: Supervisory observation with examples and documentation

Exceeds: Completes greater than 95% of projects within the time frame.
Meets: Completes 90-94% of projects within the time frame.
Below: Completes 89% or less of projects within the time frame.

3.2 5% Overall departmental overtime shall be maintained and controlled within 1.0 FET's per day pay period through scheduling and resource management. All overtime will be justified on a bi-weekly basis reflecting PTO and increased service requirements.

Measurement Method: Supervisory observation with examples and documentation

Exceeds: Overall departmental overtime is less than the budgeted overtime per pay period.
Meets: Overall departmental overtime is within the budgeted overtime per pay period.
Below: Overall departmental overtime is greater than the budgeted overtime per pay period without justification or approval.

IV. 25% Quality of Service.

4.1 5% Quality Assurance program with 100% review of flights will incorporate administrative, medical, and operational issues related to the service.

Areas needing improved service will be presented as needed at staff meetings for staff/peer review/evaluation. Continuing education in-services will be provided. Maintains regular interaction with Medical Director.

Measurement Method: Supervisory observation with examples and documentation

Exceeds: QA reports will be turned into the QA committee each month before the deadline ten or more times per year. Twelve or more staff meetings will be held annually with six of these encompassing physician chart review. Four continued education in-services are provided per year.

Meets: QA reports will be turned into the QA committee each month by the deadline. Ten to eleven staff meetings will be held annually with five of these encompassing physician chart review. Three continued education in-services are provided per year.



Below: QA reports will be turned into the QA committee after the deadline without appropriate justification. Less than three continued education in-services are provided per year.

4.2 10% Maintains positive patient and family relations by following complaints or comments and providing feedback within two working days after the Operations manager has been notified.

Measurement Method: Supervisory observation with examples and documentation

Exceeds: Complaints are kept at 3% or less of the total yearly flight volume.

Meets: Complaints are 4-5% of the total yearly flight volume.

Below: Complaints are greater than 5% of the total yearly flight volume.

4.3 5% Frequency and severity of employee injury and/or patient are minimized through the accomplishment of the following:

1. Fitness evaluations and improvement program for each Employee.
2. Identifies and prevents unsafe acts by employees. Identifies corrects unsafe conditions within the work area.
3. Conducts a safety in-service at least once per month with staff members. Ensures all employees know and follow prescribed safety policies.
4. Serves as a permanent member of the Safety Committee.
5. Establishes and manages an ongoing health and safety program to include:
 - a) Fitness evaluations and improvement programs for each employee.
 - b) Weight requirements are based on established standards and incorporated in the policy.
 - c) Training in and adheres to OSHA and universal body fluid precautions.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: No Injuries

Meets: One to two injuries.

Below: Greater than two injuries

4.4 5% Ensures along with Medical Director that program policy, policy procedures, and protocol are updated on a yearly and PRN basis and are adhered to by program personnel. Discrepancies are followed up on and feedback is provided within 72 hours of notification of the Operations Manager.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: Policies, procedures, and protocols are reviewed annually. Two or less discrepancies occur annually.

Meets: Policies, procedures, and protocols are reviewed annually.



Below: Policies, procedures, and protocols are reviewed in greater than one year. Greater than five discrepancies occur annually.

V. 15% Human Resources Management

5.1 5% Employees Performance Appraisals are completed by due dates and are based upon the employee being measured and evaluated by the Operations Manager when the Operations Manager is scheduled as a crewmember.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: Employee Performance Appraisals are in Human Resources by the due date, with no more than two exceptions. The CFD is scheduled to fly with each crewmember six times per year.

Meets: Employee Performance Appraisals are in Human Resources by the due date +5 days with no more than two exceptions past due date + 5 days. The CFD is scheduled to fly with each crew member five times per year.

Below: Employee Performance Appraisals are in Human Resources by the Due date +5 days, with greater than two exceptions. The CFD is scheduled to fly with each crew member less than five times per year.

5.2 5% The Operations Manager in Conjunction with the Medical Director and Base Managers will monitor departmental retention by identifying current annual turnover percentages for the department.

Affect the desired turnover increase by establishing and continuing Employee Relations Plan with the following elements: (Problem Identification, Monitoring, Communication, Tailored Action Plan)

- The Operations Manager will initiate the Employee Relations and retention plan beginning with interviewing all prospective flight crew applicants. This process will include the presentation of departmental goals, objectives, and expectations. This is to include job performance standards review and philosophy of Jet Rescue integration. The CFD will elicit the applicant's personal and professional goals and expectations of Jet Rescue and its management. The purpose of this interview is to provide a mutual understanding of both parties' interests so that these goals are met.
- Establish and maintain a record system for terminations and "real" reasons. Create personal records and utilize furnished Turnover Stats, Exit Interview Results, Opinion Surveys, Employee Audits, etc. The CFD will also have an exit interview with all flight crewmembers leaving the program either by resignation, interfacility transfer, or termination. The purpose of which is to determine the "real" reason for leaving and to provide a mutual understanding of each entity's position with the change.



- Monitor results as follows for calendar quarters:

1Q=___% 2Q=___% 3Q=___% 4Q=___%

- Departmental Communication – Establish and/or maintain monthly and PRN face-to-face employee departmental meetings to provide two-way feedback of results and concerns. Show results through attendance records and meeting minutes.

The Operations Manager will have informal one-on-one meetings with each crew member on a monthly basis and also as needed. These will be arranged to fit the crew members' schedules. The purpose of these meetings is to clarify expectations, elicit feedback, assist in problem identification, obtain an understanding of the employees' concerns and interests, and maintain open lines of communication.

Establish quarterly or as-needed meetings of all flight crew, pilots, mechanics, and communications officers in an open forum to provide feedback within all areas and to enhance the cohesiveness of each facet of the operation.

Utilizes Employee Opinion Survey Information positively to address areas of departmental improvement elicits staff input to problem resolution, and implements action plan with follow-up at least every 6 months.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds:	Departmental turnover is 10%
Meets:	Departmental turnover is 20%
Below:	Departmental turnover is greater than 20%

5.3 5% Disciplinary action will be taken as outlined below. Each employee will be treated with dignity and respect. The CFD will adhere to the principles of communicating expectations, regular feedback, and progressive correction (unless gross misconduct is involved)

- For each employee maintain documented records of positive and negative behavior/results.
- Case preparation – when proposing discipline, follow sound guidelines for Disciplinary Action. This includes documented evidence of communication of rules, investigation, and progressive discipline. Sample cases during the review period will be considered.
- Termination – to ensure employee fairness and reduced liability to the hospital, each termination proposal must be reviewed by the Chain of Command including the Administrator and Director of Human Resources. Cases during the review period will meet the following standards:



1. Temporary suspension pending investigation and final outcome.
2. The standard for Termination Documentation.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: No complaints per six months.
Meets: One to two complaints per six months.
Below: Greater than two complaints per six months.

VI. 10% Situational Leadership

6.1 The Operations Manager consistently demonstrates positive interpersonal relations with all constituencies and cooperates harmoniously with others as evidenced by unit manager comments, informal observation of problem-solving techniques, and improved relations with other hospital departments to accomplish the goals of the facility.

The Operations Manager shares information appropriately and in a timely manner both vertically and laterally in all directions.

The Operations Manager demonstrates the ability to respond positively to change to maximize the opportunity to minimize the problem. Demonstrates good judgment in decision-making and exercises authority as appropriate.

The Operations Manager will delegate assignments to personnel as appropriate. This includes the clear communication of expected results, and time frames, as well as feedback of the employees' understanding of the assignment. The purpose of the delegation will be to increase staff productivity and involvement in the program, as well as to elicit staff feedback regarding program operations. Assumes responsibility for own actions and monitors the actions of the flight team members as it relates to daily duty assignments.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: No complaints per six months.
Meets: One to two complaints per six months.
Below: Greater than two complaints per six months.

VII. 10% Strategic Planning/Implementation

7.1. The CMO is responsible for departmental planning including:

- Ongoing analysis of flight referral patterns.
- Three-point transfer policy.
- Encouragement of physician involvement other than that of the Medical Director.
- Shared Services
- Possible alternative staffing Jet Rescue Affiliates.



- Integration of Jet Rescue Air and Ground.
- Assists in the development and implementation of continued education opportunities.
- Assist in the maintaining and meeting of accreditation and certification requirements.
- Assists in the development and maintenance of clinical operation and administrative procedures including, but not limited to:
 1. Supplies Management.
 2. Equipment Management.
 3. Documentation requirements.
 4. Annual AMC performance review.
 5. The discipline of AMC.
 6. Narcotic inventory control and tracking.
 7. Medical forms development and review.
 8. Staff meeting agenda and minutes.

The Operations Manager presents a departmental end-of-year report to the President.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: Completion of greater than 80% of departmental goals.
Meets: Completion of 80% of departmental goals.
Below: Completion of less than 80% of departmental goals.

Position Title: Flight Doctor

Responsible to: Medical Director / Operations Manager / Base Manager

General Summary:

A flight Doctor for Jet Rescue works under the direction of the medical director on the medical side of the job and under the operations manager on the logistics side of the job. The flight Doctor is responsible for delivering quality care to critically ill patients under many, varied conditions without direct supervision, using assessment skills and written standards of care. The flight doctor must also be very highly motivated, be able to function independently, and have excellent interpersonal communication skills. The flight Doctor is also expected to assist with EMS education. The flight doctor may also be asked to assist in the preflight medical consultation process.

Knowledge, skills, and abilities required:

1. Emergency care or critical care experience required. Two years experience preferred. Flight experience preferred.
2. Current ACLS and BLS provider certification.
3. Must meet physical requirements:



- a) Must be taller than 5'8
 - b) Must be no more than 10 pounds over ideal weight and must attain ideal weight within three months as determined by a fitness evaluation.
 - c) Must be physically capable of performing all duties including, lifting, pushing, pulling, bending, squatting, climbing, running, and kneeling.
4. Must be a, licensed Physician in the country of employment.
5. *Preferred current certifications:*
- a) ACLS and/or BLS instructor
 - b) BTLIS Provider/PHTLS Provider
 - c) EMT, EMT-P certification highly desired
 - d) ATLS
 - e) PALS Provider Instructor
 - f) Neonate Resuscitation Provider Instructor
6. Must maintain physical fitness to move rapidly and perform strenuous activities when Required, without injury to self. One hour of on-duty time will be allocated to work out in the Fitness Center.
7. Must communicate effectively orally and in writing.
8. Must demonstrate positive interpersonal skills and be willing to perform public speaking.

Working conditions:

1. Works in confined quarters.
2. Exposure to moving machinery, dust, fumes, gases, noise, vibration, high winds, possible hazmat, etc.
3. May be subjected to extremes in climate.
4. Must be available for overtime and flexible with schedules.
5. Must be able to provide excellent patient care under less than desirable conditions. i.e., weather extremes, poor lighting, noise, etc.
6. Works on-call on a rotation basis according to the monthly schedule.



Position Title: Flight Medic/ Nurse

Responsible to: Medical Director / Operations Manager / Base Manager

General summary

A flight medic or nurse for Jet Rescue works under the direction of the Medical Director and the Flight Doctor. The flight medic/ Nurse, in collaboration with the flight Doctor, is responsible for delivering quality care to critically ill or injured patients, under varied conditions, as indicated in the Jet Rescue Protocol Manual. The flight medic/nurse must also be highly motivated, be able to function independently, and have excellent interpersonal communication skills. The flight medic/ nurse may also be asked to assist with care in the Marketing, Education, and provide assistance in various other Jet Rescue departmental duties or activities.

KNOWLEDGE, SKILLS, AND RESPONSIBILITIES

1. Two years experience with an active MICU/ALS unit / 2 Years of experience in an Intensive Care Unit or Emergency Department
2. Current ACLS and BLS Provider certification.
3. Must meet the physical requirement.
 - a) Must be taller than 5'2
 - b) Must be no more than 10 pounds over ideal weight and must attain ideal body weight within three months as determined by a fitness evaluation.
 - c) Must attain ideal percentage of body fat for age and gender within three months as determined by a fitness evaluation.
 - d) Must be physically capable of performing all duties including lifting, pushing, pulling, bending, squatting, climbing, running, and kneeling.
4. Must have current certification as an EMT-P or RN
5. Preferred certification:
 - a) ACLS and/or BLS Instructor
 - b) BTLIS/ PHTLS Provider and/or Instructor
 - c) EMT or EMT-P Instructor Status
 - d) PALS Provider/Instructor
 - e) Neonate Resuscitation Provider/Instructor
 - f) NREMT-P
6. Must maintain physical fitness to move rapidly and perform strenuous activities when required without injury to self. One hour of on-duty time will be allocated to work out in the Fitness Center.



7. Must communicate effectively orally and in writing.
8. Must demonstrate positive interpersonal skills and be willing to perform public speaking.

Working conditions

1. Works well in confined quarters.
2. Exposure to moving machinery, dust, fumes, gases, noises, vibrations, high winds, possible hazmat, etc.
3. May be subjected to extremes in climates.
4. Must be available for overtime and be flexible with scheduling.
5. Must be able to provide excellent patient care under less than desirable conditions: i.e., weather extremes, poor lighting, noises, etc.
6. Works 24 shifts on a rotation basis with every 6 days off.

Position Title: Flight Crew Member (Doctor, Nurse, or Paramedic)

Responsible to: Medical Director / Operations Manager / Base Manager

- I. 45% Quality service
 - 1.1 15% QI/Documentation
 - A. Protocols are followed and deviations are noted
 - B. Non-justified lift-off times are less than 45 minutes
 - C. Non-justified scene times are less than or equal to 60 minutes
 - D. Appropriate patient history is documented
 - E. Initial and ongoing physical assessments are documented
 - F. Treatments and response to treatments are noted
 - G. Flight paperwork is completed to include the acquisition of demographic information, medical documentation, and essential reimbursement information after each flight or critical indicators are marked.

Measurement Method: 100% of charts will be reviewed and presented at monthly staff meetings.

Exceeds: % of errors to total charts is < 20%
Meets: % of errors to total charts is = 20%
Below: % of errors to total charts is > 20%



1.2 15% *Proficiency* – actual ability to perform or knowledge and ability to explain.

- A. Initiates treatment and assumes a leadership role in emergencies.
- B. Maintains composure in emergency situations and directs staff as appropriate.
- C. Implements appropriate treatment protocols in absence of the physician
- D. Performs patient assessment accurately and determines the need for intervention and takes appropriate action.
- E. SKILLS:
 - Administration of oxygen via appropriate device and interpretation of Oxymetry readings.
 - IV insertion via peripheral, subclavian, intraosseous, and external jugular routes
 - Chest tube insertion
 - Needle decompression of the chest
 - Pericardiocentesis
 - Orotracheal and nasotracheal intubation
 - Needle/Surgical cricothyrotomy
 - Calculates and administers medication
 - Administration of blood and blood products
 - N/G tube insertion and gastric lavage
 - Patient extrication, bandaging, and splinting
 - Use of medical equipment, i.e. IV pumps, suction, Ventilator, external pacemaker, etc.
 - Uses appropriate infection control practices per OSHA guidelines
 - Attends yearly advanced procedures lab

Measurement Method: Direct Observation or verbalization of each skill.

Exceeds: Meets all listed items above with no exception of skilled items.

Meets: Meets 3 of the 4 listed items above with 1 to 2 exceptions of the skilled items

Below: Meets less than 3 of the 4 listed items above with > 2 exceptions of the skilled items

1.3 10% *Professional growth*

- A. Participates in departmental committees and special Assignments
- B. Attends scheduled mandatory in-services
- C. Attends scheduled staff meetings. Prior notification to Ops Manager/ Medical Director of inability to attend is required
- D. Attends clinical area rotations once a month as Scheduled, i.e. ICU, ER, EMS
- E. Attends annual advanced procedures lab
- F. Required certifications:
 - BCLS provider
 - ACLS provider



G. Preferred certifications:

- BCLS instructor = 5 pts.
- ACLS instructor = 10 pts.
- BTLS provider = 10 pts.
- BTLS instructor = 10 pts.
- ATLS = 20 pts.
- CCRN = 20 pts.
- CEN = 10 pts.
- CFRN = 10 pts.
- TNCC = 10 pts.
- PALS provider = 10 pts.
- PALS instructor = 10 pts.
- NRP provider = 10 pts.
- NRP instructor = 10 pts.
- NREMT = 20 pts.
- EMS instr. Cert. = 10pts.
- EMS Skills Cert. = 10 pts.

Measurement Method: Ongoing documentation maintained by each crew member and make available to Medical Director as needed. Copies of certification cards sent to Medical Director.

Exceeds: Meets all listed items plus 50 pts.
Meets: Meets all listed items plus 40 pts.
Below: Meets < all listed items or has < 40 pts.

1.4 5% Community educational opportunities

- A. BCLS course – 5 pts. each up to 40 pts.
- B. ACLS course – 10 pts. each up to 40 pts.
- C. BTLS course – 10 pts. each up to 40 pts.
- D. In-services – 5 pts. each hour taught up to 20 pts.
- E. Hospital /Community Projects:
 - 1. Health Fair = 5 pts
 - 2. PR's (Ops Manager approved) = 5 pts.
- F. Safety committee Participation - 10 pts. each comm.

Measurement Method: Ongoing documentation by a flight crew member of participation including dates, classes, and topics.

Exceeds: 25 pts. or greater
Meets: 20 pts.
Below: < 20 pts.

II. 15% Safety



2.1 5% Mission Ready Status

- A. Aircraft and ambulance equipment checks are performed and documented.
- B. The helipad checklist is completed.
- C. Storeroom checks are performed and documented.
- D. Equipment, aircraft, and ambulance interior are cleaned.
- E. Jet Rescue staff is notified via written and verbal communication at the change of shift of broken or malfunctioning equipment. Appropriate maintenance requests are initiated.

Measurement Method: The flight crew member will maintain all equipment in a mission-ready status every twelve hours and after every mission and will document same. Supervisory observation with examples and documentation will be monitored.

Exceeds: Routinely performs the above with attendance at > 80% of scheduled safety meetings.

Meets: Routinely performs the above with two or fewer incidents and attendance at 80% of scheduled safety meetings.

Below: Does not routinely perform the above with 3 or > incidents and attendance at < 80% of the scheduled safety meetings.

III. 25% Productivity

3.1 10% Varying workload

- A. During periods of heavy workload can produce a higher volume of work without increased errors
- B. During periods of downtime, i.e. weather or maintenance continues to be productive in other depts. Attends to Jet Rescue dept. activities
- C. Functions with the minimal direction of Medical Director /Operations Manager
- D. Relieves Mission Control Center as requested in a timely manner.

Measurement Method: Supervisory observation and input of coworkers, and communication officers with examples and documentation.

Exceeds: No legitimate complaints per 6 months.

Meets: One to two legitimate complaints per 6 months

Below: > 2 complaints per 6 months

3.2 10% Assigned and Assumed duties

- A. Projects will be completed within timeframes mutually agreed upon by management and crewmember.
- B. Deadlines may be altered dependent upon resource availability, urgency, and



- existing external and internal factors.
- C. Altered deadlines will also be mutually agreed upon by management and crewmember.
- D. Departmental responsibilities i.e. education, Public Relations, safety, etc. will include scheduling progress meetings with the Operations Manager, providing follow-up at staff meetings.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: Completes > 95% of projects within the time frame with minimal direction
Meets: Completes 95% of projects within the time frame with minimal direction.
Below: Completes < 95% of projects within the time frame with frequent direction.

3.3 5% Staffing/Scheduling

- A. Demonstrates flexibility in dept. scheduling through covering end time, PTO requests, etc.
- B. Turns in time-off requests to Operations Manager or scheduling personnel within two weeks prior to the next schedule.
- C. After the schedule is posted, discusses for coverage without incurring OT
- D. Adheres to schedule and Jet Rescue policy on attendance

Measurement Method: Supervisory observation with examples and documentation of schedule.

Exceeds: Adheres to schedule and responds to staffing needs > 50% of time requested.
Meets: Adheres to schedule and responds to staffing needs 50% of time requested.
Below: Does not adhere to schedule and responds to staffing needs < 50% of time requested.

IV. 15% Leadership

- A. Shares information appropriately and in a timely manner vertically, laterally, and in all directions.
- B. Monitors and evaluates care provided by self and others
- C. Intervenes appropriately according to policy and procedures when standards of care are not met.
- D. Makes judgments based on knowledge and standards of practice regarding medical and interdepartmental issues
- E. Serves as a resource person to new members of the flight care team
- F. Coordinates activities that contribute to the functioning of the department.
- G. Participates in departmental problem resolution
- H. Reports to on-coming shift. Information is factual, concise, and pertinent, including but not limited to completed flights, PR's, Maintenance, etc.
- I. Assists with new crewmember orientation



- J. Utilizes work and break times appropriately.
- K. Participates with community organizations.
- L. Offers assistance to other depts.
- M. Demonstrates positive interpersonal relations in dealing with coworkers, physicians, and other members of the staff so as to promote efficiency and quality care.
- N. Demonstrates positive interpersonal relations in dealing with families and patient so they perceive positive care from the flight crew
- O. Accepts constructive criticism in a non-defensive manner

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: No legitimate complaints per 6 months
Meets: One to two legitimate complaints per 6 months
Below: > two complaints per 6 months

Position Title: Lead Flight Coordinator
Responsible to: Operations Manager

Performance on Job is Good When:

- I. 15% Financial management
- 1.1 5% Involved departmental budget process and maintains overtime at 0.8 FTE.

Measurement Method: Monitoring of schedule and timecards.

Exceeds: Expenses are greater than -2% of the budgeted margin
Meets: Expenses are within -2% and +2% of the budgeted margin
Below: Expenses are greater than +2% of the budgeted margin

- 1.2 5% Ensures flight coordinators secure Jet Rescue administration Approval on insurance transfers and Financial arrangements are secure Prior to takeoff. i.e.: Prepayment, a guarantee of payment by facility, administrative approval, or IMSS approval Letter.

Measurement Method: Review of statistical reports. The total number of secured transfers divided by the number which should have special arrangements.

Exceeds: 98% or greater of transfers have secured arrangements
Meets: 95% of transfers have secured arrangements
Below: < 95% of transfers have secured arrangements.

- 1.3 5% Obtains insurance information on patients if not already done so by medical crews. Obtains billing information on a 5 day turnaround time.



Measurement Method: Supervisory observation with examples and documentation of departmental receipt reports.

Exceeds: Completes and distributes reports by timeline 12 times per year.
Meets: Completes and distributes reports by timeline 11 times per year.
Below: Completes and distributes reports less than 10 times per year.

- II. 15% Functions as a communication officer with the performance of same duties as outlined in the communications officer manual.

Measurement Method: Supervisory observation with examples and documentation. Staffing schedule review.

Exceeds: Staffs > 5 times a pay period
Meets: Staffs 5 times a pay period
Below: Staffs < 5 times a pay period.

- III. 10% Employee Performance Appraisals are prepared, reviewed with Operations Manager and Medical Director, given to the employee, and to Human Resources within pay period that review is due.

Measurement Method: Supervisory observation with examples and documentation.

Exceeds: All communication officer performance reviews are completed within the time frame outlined above
Meets: One exception of the time frame outlined above
Below: > one exception of time frame outlined above

- IV. 45% Quality of Service

3.1 15% Training: Provides monthly in-service on equipment or practices pertinent for Flight dispatching.

Measurement Method: Documentation of monthly in-services

Exceeds: Provides 12 or > educational in-services per calendar year.
Meets: Provides 11 educational in-services per calendar year.
Below: Provides < 11 educational in-services per calendar year

3.2 5% Provides review or recordings of patient transports as requested by upper management within the requested timeframe.

Measurement Method: Supervisory observation with Documentation and feedback from management



Exceeds: Meets requested timeframes 98% of time
Meets: Meets requested timeframes 95-98% of Time
Below: Meets requested timeframes < 95% of time

3.3 10% Monitors Quality Improvement through 100% aeromedical chart review, training time with communication officers to ensure knowledge of Jet Rescue P&P, protocols, and SOP

Measurement Method: Supervisory observation with examples and documentation. Review of employee records.

Exceeds: Related errors and or complaints will be < 2% of the total combined call volume
Meets: Related errors and or complaints will be between
Below: Related errors and or complaints will be > 5% of the total combined call volume.

3.4 10% Attends Safety and EMS QI meetings as outlined below to provide input to operational and safety issues.

Measurement Method: Supervisory observation with examples and documentation of meeting minutes.

Exceeds: Attends safety, and EMS QI meetings 12 times each per year with exception given for being on Scheduled duty
Meets: Attends 10-11 of each of safety, and EMS QI meetings per year with exception given for being on scheduled duty
Below: Attends < 10 each of safety, and EMS QI meetings per year with exception given for being on scheduled duty

3.5 5% Consistently demonstrates positive interpersonal relations with all constituencies and cooperates harmoniously with all staff in the accomplishment of goals.

Measurement Method: Supervisory observation with documentation and examples.

Exceeds: Zero complaints within a 6-month period
Meets: 1-2 legitimate complaints per 6 months
Below: > 2 legitimate complaints per 6 months



Position Title: Flight Coordinator

Responsible to: Lead Flight Coordinator

Performance is good on the job when:

I. 25% Operations coordination

- 1.1 Takes appropriate information within the initial call.
- 1.2 Relays Point of Origin and Destination as needed.
- 1.3 Relays medical information to Flight Team
- 1.4 Keeps track of unit status within appropriate time frames Jets – 10 MIN. Ground Ambulance 30 MIN
- 1.5 Accesses and enters computer information in a timely and accurate manner.
- 1.6 Completes all logs and forms in a timely accurate and legible manner.
- 1.7 Performs Accurate Quoting utilizing Quoting Software.

Measuring Method: Tape review, documentation, and QI review.

Exceeds: Completes or performs the above more than 95% of the time.

Meets: Completes or performs the above 95% of the time.

Below: Completes or performs the above Less than 95% of the time.

II. 25% Communications/ interpersonal skills

2.1 Interoffice

A. Every shift a verbal report is to be given including:

- 1. Completed flights
- 2. Ground runs and activities
- 3. Pending and/or scheduled transfers.
- 4. Office equipment malfunctions and/or repairs.
- 5. Ground units and aircraft mechanical status and locations.

B. Every shift will have written documentation of the above-mentioned points

- 2.2 Positive telephone/radio skills
- 2.3 Demonstrates positive interpersonal relations in dealing with co-workers, physicians, and other members of the staff so as to promote efficiency and provide quality care.
- 2.4 Utilizes good judgment.
- 2.5 Notifies the appropriate manager on call of incidents.
- 2.6 Accepts constructive criticism in a non-defensive manner.

Measuring Method: Supervisory observation with examples and documentation



Exceeds: No legitimate complaints per 6-month period.
Meets: 1 to 2 legitimate complaints per 6-month period.
Below: 3 or more legitimate complaints per 6-month period.

III. 25% Assigned Duties

3.1 Completes assigned duties within the time frame agreed upon by the Lead Flight Coordinator and employee for the following:

- A. Registration/Billing
- B. Chart Distribution
- C. Filing
- D. Statistical Report
- E. QI

3.2 Completes assumed projects within the time frame agreed upon by the Lead Flight Coordinator and Operations Manager. Deadlines may be altered dependent upon resource availability, urgency, and existing external and internal factors. Altered deadlines will also mutually agreed upon by the Lead Flight Coordinator and Flight Coordinator.

Measuring Method: Supervisory Observation

Exceeds: Completes duties/projects more than 95% of the time.
Meets: Completes duties/projects 90 to 95% of the time.
Below: Completes duties/projects less than 90% of the time.

IV. 10% Safety

- 4.1 Maintains a working knowledge of all emergency plans for the department
- 4.2 Demonstrates working knowledge of Missing Aircraft Plan.
- 4.3 Attends 10 safety meetings per year.
- 4.4 Relays information for appropriate scene communication.

Measuring Method: Monthly Return Demonstration.

Exceeds: Routinely performs the above with 2 or fewer errors and attends safety meetings per year.
Meets: Routinely performs the above with 2 or fewer errors and attends 10 safety meetings per year.
Below: Has more than 2 errors in the performance of the above and attends less than 10 safety meetings per year.

V. 10% Professional Growth



- 5.1 Maintains required certifications for:
 - A. Flight Dispatcher.
- 5.2 Participates in company/community projects: (each worth 5 points.)
 - A. Company Charity Event
 - B. Aviation Week.
 - C. Approved PR events.
- 5.3 Attends in-services pertinent to job or to maintain certifications. (2.5 pts per class, not to exceed 10 pts.)
- 5.4 Teaches Dispatch-related in-services. (2.5 pts per Hour taught, not to exceed 10 pts.)
- 5.5 Attends staff meetings with prior notification to Lead Flight Coordinator of inability to attend.

Measuring Method: Ongoing documentation maintained by the individual and made available to the LFC as needed. Copies of certifications sent to LCO.

Exceeds: Meets all required certifications and obtains more than 15 points and attends 12 staff meetings per year.
Meets: Meets all required certifications and obtains 15 points and attends 10 staff meetings per year.
Below: Meets all required certifications and obtains less than 15 points and/or attends less than 10 staff meetings per year.

VI. 5% Staffing

- 6.1 Is flexible in staff matters by covering sick time, PTO requests, etc.
- 6.2 Turns PTO requests to LFC within 2 weeks prior to the next schedule.
- 6.3 After the schedule is posted, discuss change needs with LFC and arranges for coverage without incurring overtime.

Measuring Method: Supervisory observation with examples and documentation.

Exceeds: Responds to scheduling needs more than 50% of the time requested.
Meets: Responds to scheduling needs 50% of the time requested.
Below: Responds to scheduling needs less than 50% of the time requested.

Perfect Attendance Bonus: An employee will be awarded 20 points to the total score for perfect attendance.



Subject: Gen 018 Initial Employee Orientation

Purpose:

- 1.1.1 To provide each new Jet Rescue employee with an overview of the policies and procedures for the company.
- 1.1.2 To give specific instructions of procedures pertinent to Jet Rescue and to provide on-the-job training so that each new employee may become well-informed, confident, and efficient members of the Jet Rescue team.
- 1.1.3 To ensure complete and consistent orientation that also meets with the individual needs of the new flight personnel
- 1.1.4 To establish minimum standards for initial and continuing medical education which will ensure clinical preparedness and competency. To outline the phases and expectations of new employee orientation.

Policy:

- 2.1 Each new Jet Rescue employee will attend eight hours of company orientation.
- 2.2 Each new Jet Rescue employee will receive a copy of their job description and job performance standards.
- 2.3 Each new Jet Rescue employee will be given an orientation period.
- 2.4 Each Jet Rescue employee will have a 6-month probationary period.

Application: All-New Jet Rescue Air Ambulance Clinical Staff

Procedure:

- 1. All new Jet Rescue employees will attend a company orientation.
- 2. All new employees will undergo an orientation period, which will be based upon previous experience, the employee's ability, and the recommendation of the preceptor and Medical Director.
- 3. This Initial orientation period will include clinical and didactic training. Advanced procedure training and survival training will be provided/completed within one year of employment.
- 4. Training tapes and other books and Flight Nursing resources will be available from the Jet Rescue library.
- 5. An orientation packet will be given to each new Jet Rescue employee and will consist of the following:
 - A. Job Description.
 - B. Job Performance Standards.
 - C. Employee Orientation Policy.
 - D. Clinical Objectives for CCT both Air and Ground
 - E. Role of Flight Medical Crew
 - F. List of Training Tapes to be reviewed and correlating chapters in National Standard Curriculum. (see attached).
 - G. Employee Issued Material Form.
 - H. Blood Type/Medications/Allergy Form.
 - I. Continuing Education Documentation Form.
 - J. Duties of each Crew Member.



- K. Nursing Assessment Form.
 - L. Daily Assignment List.
 - M. Staff Phone Number List.
 - N. Orientation Check List.
 - O. 24 Hour Check List.
6. All Equipment Lists:
- A. Aircraft Cabinet.
 - B. Learjet.
 - C. Ambulance.
 - D. Medications carried on Drug Bag.
 - E. Intervention Bag.
 - F. Mission Control Orientation Check List.
 - G. Uniform Order Form.
 - H. Satellite Phone Operations.
 - I. Tracker Satellite Operations
7. The following forms will become a part of the new employee's permanent file:
- A. Orientation Check List.
 - B. Employee Issued Material Form.
 - C. Mission Control Center Orientation Check List.
 - D. Verification of Certifications and Licenses.
 - E. Blood Type/Medications/Allergy Forms.
8. The new employee will receive a tour of the hanger and will become familiar with the Jet Rescue offices, the Jet Rescue storeroom, Learjet and ambulance
9. The new Jet Rescue employee will review the policy and procedure book, as well as the protocol books for both Jet Rescue and the standard operating procedure for the AOC.
10. The new Jet Rescue employee will spend a period of time with the Lead Communications Officer and complete the MCC checklist.
11. The new Jet Rescue employee will spend a period of time with the safety officer and be checked off on all safety equipment and procedures for emergency preparedness.
12. The new JR employee will establish three-month, six-month, and twelve-month goals with the preceptor, which becomes part of the new employee's permanent file.
13. The new JR employee will receive an orientation of Satellite Phone and other A/C radio systems, equipment on board Learjet (ext. pacer, Propaq, Doppler, suction equipment, monitor/defibrillator), and configuration of A/C for two patients.
14. Procedures for the operation of the fuel truck and the fueling of A/C will also be reviewed.



Reading Materials: (provided)

- **Air Medical Crew National Standard Curriculum.**

Chapter	Title
1	Timeline of Emergency Air-Medical Services.
2	Aircraft Safety and Orientation.
9	Hazardous Material Scene Response.
13	Flight Physiology.
14	Patient Assessment, Preparation, and Care.
15	The Respiratory Patient.
16	The Cardiovascular Patient.
17	The Neurological Patient.
18	The Orthopedic Patient.
19	The Trauma Patient.
20	The Burn Patient.
21	The Patient in Shock.
22	The Combative Patient.
23	The High-Risk Obstetrical Patient.
25	The Pediatric Patient.
	Survival Training.

- Advanced Procedure Handouts

1.1 Detailed Initial Orientation Program

1.1.1 Didactic Component

- Advanced airway management
- Altitude physiology/stressors of flight
- Aircraft fundamentals and safety to include radio communications for aircraft and EMS and crew resource management
- Cardiac emergencies to include acute coronary syndrome (ACS), cardiogenic shock, twelve lead ECG interpretation, arrhythmia recognition, valvular dysfunction, aortic emergencies, hypertensive emergencies, and pericardial tamponade
- Environmental emergencies to include hyper/hypothermia, near-drowning, and electrical injuries
- Disaster Management training
- Hazardous materials recognition and response
- Hemodynamic monitoring, pacemakers, automatic implantable defibrillator (AICD), Intra aortic balloon pump (IABP), central lines, pulmonary and arterial catheters, ventricular assist devices (VAD), and extracorporeal membrane oxygenation (ECMO)
- High-risk obstetrical emergencies to include preterm labor (PTL), pregnancy-induced hypertension (PIH), placenta previa, abruption placenta, HELLP syndrome, and emergency childbirth



- HIPAA training
- History of air medicine, philosophy, and indications for transport
- Infection control
- Industry associations and standards to include CAMTS

- Medical protocol test
- Metabolic and endocrine emergencies include diabetic ketoacidosis (DKA)
- Multi-trauma to include maxillofacial, neurological (head and spine), thoracic, abdominal, and orthopedic)
- Neonatal emergencies (respiratory distress, cardiac and surgical anomalies)
- Neurological emergencies include intracerebral hemorrhage, subarachnoid hemorrhage, seizures, and cerebral vascular disease
- OSHA/SSA training
- Oxygen quality controls include hazard awareness, how to read cylinder levels, a basic understanding of Compressed Gas Association connections, and how to safely transport liquid oxygen cylinders.
- Pediatric medical emergencies include seizures, meningococemia, croup, and epiglottitis
- Pediatric trauma
- Pharmacology
- Quality Management
- Radiographic interpretation (chest)
- Respiratory emergencies include acute respiratory distress syndrome (ARDS), reactive airway disease (RAD), pulmonary embolism, pneumothorax, acid-base balance, arterial blood gas interpretation, mechanical ventilation, and capnography interpretation
- Scene management to include safety, disaster management/ triage
- Sleep deprivation, sleep inertia, circadian rhythms, and recognizing signs of fatigue
- Stress recognition and management
- Survival training
- Thermal, chemical, and electrical burns
- Trauma systems and trauma scoring
- Trauma in pregnancy
- Toxicology
- Just Culture Education
- Threat and Error Management

The above didactic topics may be taught by several different methods: traditional lecture with discussion, self-directed learning tutorial, web-based or case-scenario teaching, etc. The methodology for completing didactic training will be at the discretion of the program. However, there must be documentation that ensures competency through written objectives and examination testing prior to independent practice.



1.1.2 Clinical Component

Measurable objectives need to be developed and documented for each clinical experience listed below, reflecting either hands-on or scenario-based practical training utilizing a human patient simulator capable of demonstrating physiological changes resulting from treatments and therapies performed.

If simulation teaching/learning modalities are used as an adjunct to or substitution for clinical experiences, there must be documentation that the learning objectives were met. Simulation modalities may include the use of dynamic human patient simulators, standardized patients (trained medical actors), computerized interactive devices, virtual reality, and serious gaming.

- Adult critical care (cardiac, medical, surgical)
- Pediatric critical care
- Neonatal intensive care
- Labor and delivery
- Emergency care
- Pre-hospital care
- Tracheal intubations (minimum of 5 successful live or cadaver intubations)
- Invasive procedure lab (mannequin, cadaver, or animal)

Following the didactic and clinical components, the new medical employee needs to successfully complete an internship or preceptorship. This allows for further role definition, recognition of the need for additional training, and an opportunity to put into practice all previous training.

1.1.3 Phase I Orientation: Didactic, Labs, and Clinical Requirements (Ground School)

- All clinical new hires will receive didactic education covering all required topics listed above. The method used for meeting the didactic component will be at the discretion of the program (can be a combination of online course and/or classroom)
- Required labs will also be completed during this Phase. Examples include cadaver lab, advanced skills lab, airway lab, and Human Patient Simulator lab.
- Clinical requirements, which may include HPS scenarios and/or rotations through appropriate hospital units will be completed during Phase I and II.
- Documentation will be maintained at the office (and online virtual folder).

1.1.4 Phase II Orientation: Flight Observation (3rd Crewmember)

- All medical employees will receive a flight internship beginning as a 3rd crewmember.
- The orientee's first shift will be observation and flight safety orientation only
- The initial role of the orientee while flying as 3rd provider is primarily observation, in particular for:
 - Flight safety
 - Crew coordination
 - Crew member roles



A minimum of 5 patient flights (when possible 2 Domestic and 1 international flight) will be completed as a 3rd provider

Prior to completion of Phase II, all required documentation must be in order, to include:

- Didactic and Clinical documentation
- Skills and Equipment competencies
- Completion of the Patient Care Guidelines exam with a minimum passing score of 80%
- Completion of the RSI exam with a minimum passing score of 80%
- 10 successful live or mannequin intubations.
- Flight and Daily evaluations

1.1.5 Phase III: Flight Orientation (2nd Crewmember)

In this phase it is expected that the orientee can safely act as an active participant in the role of the second medical provider, taking direction from their preceptor.

- Flight and Daily evaluations and weekly conference calls will be completed during Phase II. To complete the orientation process, a minimum of 10 flights should be completed in which the new crew member is an active participant.
- Prior to final testing, all paperwork must be completed and on file at the program level (to include all daily and flight evaluations, all tests, and all online modules).

1.1.6 Completion of Orientation

A final competency evaluation will be administered, Documentation of this experience will include:

- Scenario(s) presented (HPS if available otherwise oral and/or written scenario's)
- Measurable Objectives/Expected Outcomes. A written critique of the performance
- If HPS is utilized a Video record of the HPS performance must be maintained

The orientee will meet with program medical leadership to review all of the above documentation. A decision will then be made as to whether the individual is cleared to practice independently. Documentation of all completion requirements must be present in the employee's educational file at the time of this meeting.

A letter from the medical manager & medical director will be kept on file indicating the individual has been approved for independent practice.



1.2 Annual Continuing Education Requirements

1.2.1 Didactic Component

- Aviation safety
- Altitude physiology and stressors of flight
- Critical care courses
- Emergency care courses
- Hazardous material recognition and response
- Infection control
- Medical protocol test

- OSHA/SSA (company modules)
- Sleep deprivation, sleep inertia, circadian rhythms, and recognizing signs of fatigue
- EMS rules and regulations regarding ground transport
- Stress recognition and management
- Survival training
- Just Culture education
- Threat and Error management

1.2.2 Clinical Component

Measurable objectives need to be developed and documented for each clinical experience listed below, reflecting either hands-on or scenario-based practical training utilizing a human patient simulator capable of demonstrating physiological changes resulting from treatments and therapies performed.

If simulation teaching/learning modalities are used as an adjunct to or substitution for clinical experiences, there must be documentation that the learning objectives were met. Simulation modalities may include the use of dynamic human patient simulators, standardized patients (trained medical actors), computerized interactive devices, virtual reality, and serious gaming.

- Adult critical care (cardiac, medical, surgical)
- Pediatric critical care
- Neonatal intensive care
- Labor and delivery
- Emergency care
- Tracheal intubations (1 per quarter in each patient age category infant, pediatric, and adult as per mission profile)
- Invasive procedure lab (mannequin)
- Skills maintenance program must be documented and comply with the number of skills required in a set period of time according to the policy of each program.



In addition please refer to job descriptions for Flight Doctor and Flight Paramedic/ Nurse for required licensure and certifications.

Jet Rescue will endeavor to provide courses for ongoing certifications as required by the job descriptions. For BLS, ACLS, PALS, and NRP Jet Rescue will provide at no cost to the employee the “E-Learning” version of these courses. Each employee will be responsible to notify their Medical Education Coordinator 90 days out from their expiration date of the need for an

“E-Learning Key” in any of these disciplines. The MEC will then notify the contracted Training Center who will then assign the “E-Learning Key” to the employee. The employee will then complete the didactic portion of their class while on duty. No Overtime shall be incurred to complete the didactic portion. Once the didactic portion is complete, the employee will coordinate with the MEC to attend a skills evaluation with an instructor in the appropriate discipline. Upon

successful completion, a course completion card will be issued by the appropriate training center.

In the event that an employee chooses to recertify through other means such as a traditional class in a discipline that “E-Learning” is offered, the employee is not eligible for reimbursement of course cost.

It is also the responsibility of individual transport members to recognize their own educational needs independent of any requirements. Each medical team member has a professional responsibility to maintain and continue to gain knowledge in their respective professions.



Subject: Gen 019 Dress Code for Staff

Purpose: To provide guidelines for uniforms and personal appearance so the Jet Rescue staff members will present a professional, safe, business-like image for all staff members.

Policy:

1. When on duty or representing Jet Rescue at Public Relations Functions all uniformed staff members must wear only the uniform they have been issued with. Items of personal clothing must not be combined with the Jet Rescue Air Ambulance uniform.
2. When providing EMS education or attending meetings, Jet Rescue staff members should wear well-fitting street clothes or clothing appropriate for planned activities.
3. All employees are required to wear company-issued name badges while in the hospital.
4. Jet Rescue patches are to be worn on the right sleeve of all uniforms.
5. All employees should be well-groomed and practice good personal hygiene.
6. Hats are not to be worn inside the building at any time.

General Guideline:

Clothing must be appropriate for the activities being undertaken and should be considered in conjunction with the Health & Safety aspects of work, especially where moving and handling are concerned.

Application: All Jet Rescue Air Ambulance Staff

Procedure: Issuing of Uniforms Uniformed Staff (Pilots/ Med Team)

Exceptions may be considered when staff is awaiting delivery of uniform due to exceptional circumstances. Uniform must be clean, tidy, and worn appropriately at all times

- A. Flight Coordinators will wear blue pants and white polo shirts.
- B. Permanent Jet Rescue Flight Crews are to wear issued Jet Rescue official flight suits.
- C. When high temperatures are expected Flight crew may wear Jet-Rescue medical scrubs.
- D. Two flight suits will be provided by the Company for full-time employees.
- E. Part-time or PRN employees will be required to purchase their own uniforms.
- F. Flight suits will be ordered for full-time employees during orientation.
- G. If the Employees terminates within the six-month probation period, the cost of the flight suits will be deducted from the employee's last paycheck.
- H. Turtle neck sweaters or t-shirts may be worn under the flight suits. The only acceptable color is white.
- I. Only cotton clothing should be worn under the flight suit. No pantyhose, as nylon has the tendency to melt in extremely high temperatures.
- J. Jet Rescue employees should not wear heavy perfume scents.
- K. A minimal amount of jewelry (especially earrings) should be worn.
- L. Hair should be short or pulled back to prevent entanglement in moving parts, headsets, or attacks by patients.
- M. Women should avoid wearing dark fingernail polish and be of functional length.



- N. PRN Flight crewmembers that work less than two shifts/pay periods should Wear blue slacks and Jet Rescue's Polo shirt.
- O. All Jet Rescue Flight personnel will wear black leather high-top shoes with non-skid soles or high-tech boots.
- P. Staff should carry their identity card, Visa, and Passport at all times.
- Q. No Metal badges should be worn. Clip-on or pinned items should not be worn whilst undertaking operational duties.
- R. All uniforms are the property of Jet Rescue Air Ambulance and must be returned in full on termination of the contract.
- S. Uniforms should be returned to the appropriate issuing Department, failure to do so could result in the cost being recovered from individuals.
- T. All uniforms must be laundered by the employee, according to the laundering instructions, within the garment. Should the uniform be contaminated please refer to the Infection Control policy.
- U. Jet Rescue Air Ambulance operates a replacement-only system for uniforms, which means that certain items will need to be returned when an issue is made. Staff may travel to and from work in their uniform but should not wear their uniform when off duty other than for purposes approved by Jet Rescue Air Ambulance (i.e. civil events)

Uniforms in quarters:

- Blue or White Issued Polo Shirt
- Blue Flight Pants
- Black Boots
- Blue Issued fleece

Uniform in Flight

- Official Jet Rescue Flight Suit
- Black Boots
- Jet Rescue issued fleece
- When high temperatures are expected, Jet Rescue medical scrub is allowed with prior authorization.

Dress code for uniformed Staff **who is not participating in clinical duties** including Control staff, Training officers, Emergency Planning staff, Operations Management, and Reception staff.

- Issued Jet Rescue T-Shirt or Polo Shirt
- Blue Jeans
- Tennis Shoes or Black Boots

Dress Code for Non- Clinical/ Non-Uniformed Staff

- Including headquarters staff
- As a general principle clothing should be as such to allow the member of staff to practice their work safely and effectively. This means that tight-fitting clothing is inappropriate for



moving and handling. Clothing should show a professional attitude towards work. Staff should consider the perception of others with regard to their attire. The following are not appropriate – denim, leggings, etc. This list is not exhaustive.

Clothing should be in good repair and free of offensive logos. Bare midriffs are not to be displayed.

Footwear should allow the member of staff to carry out their duties safely and effectively and be appropriate to the duties performed. Hairstyles and accessories should be appropriate for the setting within which the member of staff is practicing. Line Managers may use their own judgment in deciding if the style is not acceptable to the professional image of the individual and service.

All members of staff must wear Jet Rescue Air Ambulance's official ID badge while on duty. The badge should be visible and should be worn in a position, which does not present a risk to the public or other staff. In some instances, it may be appropriate for the badge to be carried rather than worn and displayed when required as a means of identification.

Jewelry

All staff should keep jewelry to a minimum, as it can be potential risks on the grounds of Health and Safety or contamination in clinical areas. Any form of visible body piercing i.e. nose, eyebrow, and tongue is not acceptable and should be removed when at work. If the piercing has been recently performed then the area should be covered with a small plaster. The appropriateness of wearing jewelry can be clearly separated into two separate areas – clinical and non - clinical.

Clinical

Specific Criteria for Clinical Staff

Staff shall ensure that:

- Hair is worn back from the face and clear from the collar, and securely fastened.
- Staff should either be clean-shaven or have neatly trimmed facial hair.
- Nails are clean, short, and unvarnished. False nails are not permitted.
- No jewelry should be worn. The only exceptions to this are one plain band ring and one small pair of ear studs.
- Stoned rings, bracelets, and wrist braids must not be worn.
- Any other form of body piercing e.g. nose, eyebrow must not be worn whilst on duty. If the piercing has been recently been performed then the area should be covered with a small plaster

You may be asked to remove any item of jewelry whilst on duty by the appropriate manager if they perceive it to be a health and safety risk or a clinical risk. If a member of staff wishes to wear a medical alert bracelet or necklace they are entitled to make a request to do so.

**Non-Clinical Staff**

One pair of earrings is permitted. Although you are not limited to wearing stud earrings, staff should be aware that anything other than stud earrings could present a significant health and safety risk to the member of staff themselves, - and are worn at their own risk. Equality and diversity consideration - if an individual wishes to wear jewelry that complies with their religious or cultural beliefs, they are entitled to make a request to do so. Any such request should be considered by the department/divisional manager, taking into account relevant factors such as the potential impact on patient care and adherence to health and safety policies and legislation. Procedure for resolving issues relating to this policy.

Should there be any major issues that relate to the dress code or any other matters contained in this policy then this should be raised and dealt with in accordance with the Jet Rescue Air Ambulance grievance policy

Policy Review:

This policy will be reviewed annually or earlier if research or a change in clinical/non-clinical practice requires a review to be undertaken.



Subject: Gen 020 Fitness Standards for the Jet Rescue Flight Teams

Purpose: To establish guidelines for maintaining physically fit employees who are able to meet the demands of the job in a safe manner. Physical fitness is recognized as the ability to perform occupational, recreational, and daily activities without becoming unduly fatigued.

Policy:

1. Jet Rescue maintains high visibility in the community and the staff are representing an institution that promotes health and wellness. In order to maintain maximum crew efficiency and safety, each employee must have a fitness evaluation and maintain the standards set by a Fitness Center.
2. Each crew member's ideal weight will be identified by the Fitness Center personnel. Crew members must not exceed the ideal weight by greater than 10%

Application: All Jet Rescue Flight Crew Members

Procedure:

3. The fitness evaluation will consist of:
 - 3.1 Height.
 - 3.2 Weight.
 - 3.3 Body Fat Determination.
 - 3.4 B/P and Pulse.
 - 3.5 Flexibility Testing.
 - 3.6 Strength Testing.
 - 3.7 Treadmill.
4. Each flight crew member will be evaluated once a year by exercise physiologists from a Cardiac Rehab Center.
 - 4.1 Ideal weight will be determined by utilizing the attached Body Composition Evaluation Standards.
 - 4.2 Ideal body fat percentages will be based upon the attached chart.
 - 4.3 Crew members not meeting the weight and/or body fat guidelines will be given three months to reach his/her ideal weight and /or body fat.
 - 4.4 Crew members will have an exercise program developed for their individual needs by the exercise physiologist.
 - 4.5 Consultation with a dietician will be recommended for the flight crewmember and their spouse/significant other.
 - 4.6 If the flight crew member does not show progress in meeting these guidelines within the time limit prescribed, termination or transfer from a flight position to an administrative position for safety reasons may occur.
 - 4.7 Each crew member will turn in their weight (in uniform and full gear) to the Medical Director on the first of each month.



Subject: Gen 021 No Smoking Policy

Purpose:

- 1.1 To ensure optimal night vision which is impaired by smoking.
- 1.2 To promote the health and well-being of flight crew.
- 1.3 To have flight staff serve as role models to other health care professionals and the public.

Policy: Flight crew members will not smoke in the following situations:

- 2.1 During their assigned work shift.
- 2.2 While in-flight uniform.
- 2.3 While on Company property.
- 2.4 Within 50 feet of aircraft or fuel truck.
- 2.5 At any Jet Rescue sponsored event.

Application: All Jet Rescue Staff

Procedure: N/A

Subject: Gen 022 Drug and Alcohol Use/Abuse:

Purpose: To ensure optimal safety and patient care performance.

Introduction:

The duties and responsibilities of the medical and flight crewmembers require a great deal of critical judgment, orientation, clinical expertise, and common sense. Any outside factors, which affect employee performance, will directly affect patient care and flight safety. Many prescription and nonprescription drugs will have an impact on performance. Some drugs will potentiate the effects of hypoxia; others may cause drowsiness, etc. Illicit drug use or alcohol intake will also directly affect performance.

Application: All Jet Rescue Staff

Procedure: N/A

Policy:

1. Employees shall not be involved with the unlawful use, possession, sale, or transfer of drugs, narcotics, or drug paraphernalia.
2. Employees shall not consume alcohol within eight hours of duty time and excessive drinking of any type will not be tolerated.
3. Chronic off-duty consumption of alcohol will be also not tolerated.



4. All medical flight crew members will check with the medical director before self-administering any prescription or nonprescription medications.
5. Any employee reporting on duty who has consumed alcohol within the last eight hours may be suspended or terminated.
6. Any employee who has been indicted, charged, or otherwise incarcerated for illegal possession, use, or sale of an illicit drug will be immediately suspended pending full criminal investigation and due process.
7. If an employee is suspended under this paragraph and is acquitted of all criminal charges then that employee may be reinstated without back pay.
8. Any registered nurse who is convicted of any misdemeanor or felony count will be reported to the state board of nursing as required by law.
9. Any employee convicted of an alcohol-related offense may be terminated.
10. Any employee who acts in an erratic or inappropriate manner, where reasonable suspicion exists that drugs or alcohol are being used will be suspended from active flight duty.
11. Any action, which compromises or jeopardizes safety will be grounds for immediate suspension or dismissal.
12. Conviction on any drug charge will be grounds for immediate termination.
13. Drug screening is mandatory for employment.
14. An employee may volunteer information that he/she has been involved with illicit drugs or has a problem with alcohol consumption. In this instance, the employee will be suspended from active flight duty at the discretion of the Operations or Corporate Officer [President, Vice President].
15. The employee may be reinstated to active flight duty after counseling and recommendations by Medical Director.

If an employee deems he/she is being treated unfairly he/she may appeal to the President of the corporation. The president of the corporation will have final authority on disciplinary procedures, suspension, or termination.



Subject: Gen 023 Professional Conduct and Code of Ethics

Purpose:

Provide strict guidelines for interaction with patients, colleagues, other caregivers, and the community.

Policy:

Anyone requesting an Air Ambulance service will receive an adequate evaluation, care, and eventual transportation in a professional manner regardless of the patient's problem or condition.

Application: All Jet Rescue Staff

Procedure:

1. Respect for human dignity - Respect all patients regardless of social rank, financial status, or background. Dignity includes greeting, conversing, respectful mannerisms, and protecting physical privacy.
2. Maintain confidentiality – Respect every person's right to privacy. Sensitive information regarding a patient's condition or history should only be provided to medical personnel with an immediate need to know. Sensitive information regarding our profession should only be provided to those with a right to know and accountability for improvement.
3. Professional competency – Provide the patient with the best possible care by continuously improving your understanding of the profession and maintaining your continuing education. Protect the patient from incompetent care by knowing the standard of care and being able to identify those who don't.
4. Safety awareness and practice – Protect the health and well-being of the patient, you, coworkers, and the community by constantly following safety guidelines, principles, and practices.
5. Be accountable for your actions – Act within your training, know your limitations, and accept responsibility for both satisfactory and unsatisfactory actions.
6. Loyalty and cooperation - Demonstrate devotion by maintaining confidentiality, assisting in improving morale, and not publicly criticizing.
7. Personal conduct – Demonstrate professionalism by maintaining high moral, ethical, and grooming standards. Do not participate in behavior that would discredit Jet Rescue, you, your co-workers, and the profession.
8. Each company telephone will be answered with the company name, name of the employee answering the phone, and a cordial offer of help.



9. Jet Rescue phones and fax machines are for business use only. Long-distance calls that are not for Jet Rescue business must be done using a personal calling card or own phone.
10. Personal calls from the Jet Rescue office should be kept to a minimum number and be of short duration.
11. Television use will be limited to viewing videotapes and other educational material appropriate to the professional environment of the company. Any other personal viewing is limited to rest quarters
12. Appearance: Uniforms are to be clean and presentable at all times. Personal grooming is expected to be clean and neat. Designated uniforms are to be worn at all times during transport.
13. Protective Helmets are to be worn at all times in-flight by all crew members when conducting Helicopter transports
14. When receiving guests in the department staff are expected to be courteous, helpful, and professional at all times.



Subject: Gen 024 Scheduling

Purpose: To establish a month-ahead schedule that allows for adequate staffing of all Jet Rescue Aircraft.

Policy: The Jet Rescue staff will report for duty on the dates that they are scheduled as outlined below.

1.2 Any overtime must be authorized before or at the time that it occurs in order to be paid. Exceptions are outlined in the policy by law.

1.3 No flight may be held in order to wait for an incoming crew member. Once a flight is dispatched, the flight may not be held regardless of distance.

Application: All Flight Personnel

Procedure:

2.1 The schedule will be posted 4 weeks in advance by the Operations Manager or his/her designee. It also will be posted on Google Calendars

2.2 Any requests for days off prior to the time the schedule is posted must be in writing and submitted 2 weeks prior to posting of the new schedule. These requests will be given first consideration based on the date the request was submitted. Time off may not be granted if too many people request the same dates off based on staffing needs.

2.3 It is the responsibility of the staff member who is requesting a schedule change once the time is posted to find coverage. This is to be done two weeks in advance of the requested time off.

2.3.1 Requests for trading shifts must be made in writing and signed by both parties and must not incur any overtime.

2.4 Requests for PTO must be made in advance, and in writing. Simultaneous requests for PTO will be awarded based on the date the request is submitted and as scheduling allows.

2.5 A staff member must call in sick as soon as possible, preferably at least two hours prior to their scheduled shift.

2.6 If schedule changes are to be made by the Operations Manager or his/her designee, the involved staff members will be notified of such as soon as possible.



Subject: Gen 025 Continuing Education

Purpose: To define the kind and amount of Continued Education that Medical Flight Crew Members must obtain every year.

Application: All Jet Rescue Medical Flight Crew Members

Policy:

1.1 The intensive knowledge base required of our personnel demands an active process of ongoing continuing education. It is expected that each flight crew member obtains a minimum of 40 hours of appropriate continuing education per year. There are several mechanisms by which this is possible as defined below.

1.2 Requests for time off, educational pay, and reimbursement must be made in writing, preferably four (4) weeks in advance, and submitted to the Medical Director and Administrator.

1.3 ACLS and BLS certifications are requirements of employment and WILL NOT be considered as part of the continuing education requirements.

1.4 The Flight Crew Member, will be responsible for maintaining records of their attendance and log these in the continuing education notebook.

Procedure:

2.1 Clinical Conferences/Chart review

2.1.1 A monthly continuing education lecture will be incorporated into the staff meeting. These will consist of either, QI, in-services, or medical chart review.

2.2 In-House In-services

2.2.1 When on duty the medical staff should make every effort to attend in-house in-services.

2.2.2 If off-duty and educational time is desired, a request must be made according to policy.

2.3 Seminars and Conferences

2.3.1 Simultaneous requests for the same program will be decided upon the availability of staffing, timelines of requests and availability of requests, and availability of funds.

2.3.2 A travel – convention request form shall be filled out and submitted to the Medical Director and Administrator.



2.3.3 On return to work, a full report and new information will be presented at the next staff meeting.

2.3.4 Anyone scheduled for attendance at an in-service, class, or conference must notify the Medical Director as soon as possible if they are unable to attend and the reason why.

Subject: Gen 026 General Responsibilities of Medical Crew

Purpose: To establish consistent procedures in the priorities and general responsibilities of the medical crew.

Policy: The medical crew will fulfill their priorities and general responsibilities as outlined below.

Application: All Jet Rescue Medical Flight Crew Members

Procedure:

The following are the medical crew priorities while on duty:

1. Coordinating and giving care to patients while being transported by JR.
2. Maintenance of supplies and equipment for JR. This will be done at the change of the shift and following each flight.
3. Documentation of patient assessment, care given, and patient response in flight.
4. Continuing education to maintain skill and knowledge levels.
5. Assist in miscellaneous projects as assigned by management
6. Relieve dispatchers for scheduled tasks.
7. Assist in coordinating and attending scheduled public relations activities.

The following are general responsibilities of the Medical crew while on duty:

1. Attendance at scheduled meetings and in-services is mandatory. The Medical Director will be notified prior to the meeting if there is an inability to attend.
2. Daily assignments will be done on each shift as designated.
3. It is the responsibility of each Jet Rescue staff member to participate in Public Relations Events.
4. The flight crew is not allowed to sleep during the day unless an exception is approved by the Operations Manager/Base Manager in advance. Flight crew members on a 24-hour shift are allowed to sleep 8 hours on the shift.
5. If a medical crewmember is allowed to sleep on duty, they must respond to flights when necessary in a timely manner.
6. The medical crewmembers must keep the Flight Coordinator informed of their location around the different Jet Rescue Facilities
7. During times between flights, the crew should assist with projects as assigned, pursue continuing education, work PR material, etc.



Subject: Gen 027 Disseminating Information

Purpose: Establish a process for Sending and Receiving information between Staff, Management, and Senior Leadership of Jet Rescue.

Policy: Jet Rescue will disseminate information between all groups within the company and receive communication from staff for disseminating to other agencies.

Application: All Jet Rescue Staff

Procedure:

Written Communication

1. Jet Rescue will produce and distribute a weekly review to the staff. The Brief will contain information of interest or importance to Jet Rescue operations and staff
2. A hard copy of the review will be posted in a public location within the company and sent electronically to all staff
3. Jet Rescue will print out and post in a public location within the department, written Communications received from other sources that are pertinent or of importance to staff and operations
4. Jet Rescue will maintain a hard copy of Operational Documents within the department [including but not limited to: GOM, Policy Manual, Safety Manual, Service Protocols]

Electronic Communication

1. Employees will be given access to a Jet Rescue e-mail account. Staff is required to check their e-mail accounts on a regular basis.
 - a) Electronic communication is the preferred method within Jet Rescue for the dissemination of information
2. Management may forward electronic documents to staff on an as-needed basis
3. Management may utilize electronic communication with employees for the purpose of tracking and validating receipt of the information.

Verbal Communication

1. The Company will hold General Staff Meeting sessions on an as-needed basis. Minimum of one general session per quarter.
 - a) General Sessions will be held for the purpose of conducting 2-way communication and work sessions in which staff input is desired.
 - b) Smaller in-department sessions will be held as needed.



2. The Leadership Group will hold a general open meeting once a month. Staff is encouraged to attend the Leadership meeting to observe and offer input on any of the topics being discussed by the group.
3. Management will maintain an open-door policy/practice. Staff is encouraged to meet with management to discuss items of personal or departmental importance.

Encouraging Communication

1. Staff is encouraged to communicate issues of concern or items of importance via any of the above methods.
 - a) Items relating to issues or concerns outside of Jet Rescue operations are expected to follow the proper chain of command.
2. Staff is encouraged to bring topics, thoughts, comments, or ideas to members of the Leadership Group for presentation and discussion by that group.
3. Staff will receive electronic copies of agendas and meeting minutes for Leadership and Executive Committee meetings.



Subject: Gen 028 Aircraft, Ambulance, and Equipment Checks at Change of Shift.

Purpose:

- To ensure that pre-flight checks of the aircraft/ Ambulance and the medical equipment are performed when crew members come on duty.
- To allow for opportunities for communication between the medical crew before performing patient missions, as well as establishing a behavior pattern for functioning together as a flight team.
- To ensure that information regarding weather, mechanical problems, equipment problems, marketing flights, etc., are conveyed among all crew members.

Policy:

1. The on-coming and off-going medical crews and Flight Coordinators will hold a change of shift report in the office at 8 a.m.
2. The briefing portion of the pre-flight by the Flight coordinator to the medical crew will include any maintenance that has been or will be conducted within the last or next 24-hour period, any weather that is anticipated during the shift, and any other matters that would relate to the aviation performance of the company.
3. The briefing portion of the pre-flight by the medical crew to the flight coordinator will include any marketing flights that will be conducted during the shift or any other information relevant to the nature of flight during their duty shift.
4. The aircraft and equipment will be checked at each change of shift regardless of the number of missions flown prior to the change of shift.

Application: All Jet Rescue Bases and Vehicles

Procedure:

1. The medical crew will change shifts according to schedule.
2. The off-going medical crew will give a verbal report to the on-coming medical crew pertaining to the events of their shift and any events that are scheduled to occur during the on-coming shift.
3. The on-coming crew will go to the aircraft and perform the pre-flight checks while interacting with each other.
4. All emergency equipment and supplies will be checked every 24 hours at 8 a.m. and the Learjet checklist will be filled out and initialed by the on-duty crew. See attached.
5. The communications Logbook will be filled out by the off-going crew covering equipment malfunctions/repairs, completed missions, daily duties and marketing flights.



Subject: Gen 029 Daily Assignments.

Purpose: To establish uniform guidelines for the completion of weekly duties.

Policy: Daily assignments will be performed by the flight crew as designated below.

Application: All Jet Rescue Bases and Vehicles

Procedure:

Day	A.M	P.M.
SUNDAY	Completely clean and disinfect Aircraft and ambulance.	
MONDAY	Inventory med. cabinet and storeroom	Check O2 Tanks
TUESDAY	Fill out requisitions and turn to Central Supply	Check O2 Tanks – Refill PRN
WEDNESDAY	Work on committee projects.	
THURSDAY	Clean A/C.	
FRIDAY	Pick up supplies and restock med. cabinet and ambulance.	
SATURDAY		

Every shift:

Check Ambulance/Aircraft.

- Read communications book.
- Notify mechanic if O2 on aircraft needs refilling.
- Count narcotics
- Charge batteries PRN
- Check Flight Bags

Last day of each month:

- Check all drugs and IV's for expiration dates in med. Cabinet, ambulance and Jets.
- Update PR calendar.
- Turn in crew weights

Every third month:

Deep cycle All Equipment Batteries



Medications Carried on Jet Rescue Aircraft

Medication	Quantity
D5 ¼ 250cc	1
NS 50cc	1
D5W 50cc	1
D5W 250cc	2
NS 500cc	1
LR 1000cc (2- Drawer, 1-GRN. Bag)	3
Dopamine Premix	1
Lidocaine Premix	1
Mannitol Premix	1
Aminophylline 500mg	1
Atropine 1mg (1cc)	1
Antilerium 2 mg	1
Benadryl 50 mg	2
Brethine 2 mg	4
Bretynol 500 mg	1
Ca Chloride 1 gm	1
Ca Gluconate	1
D50	1
Decadron	1
Demerol 100 mg	2
Dilantin 250 mg	1
Epinephrine 1:10,000	5
Epinephrine 1:1,000	3
Inderal 1 mg	1
Ipecac 30cc	1
Isuprel 1 mg	2
Laberatul 100 mg	1
Lasix 40 mg	1
Lasix 100 mg	1
Lidocaine 100 mg	4
MgSO4 2 mg	2
Morphine 10 mg	2
Narcan 2 mg	3
NTG 0.4 mg	1
Pavulon 10 mg	1
Phenobarbital 130 mg	2
Phenergan 25 mg	2
Pitocin 10 Units	2
Procardia 10 mg	2
Pronestyl 1 gm	2
Nubain 10 mg	2
Sodium Bicarb 50 mEq	2
Sodium Bicarb 10 mEq	1



Thiamin 100 mg	1
Tridil 50 mg	2
Valium 10 mg	2
Versed 5 mg	1
Xylocaine Jelly	



Subject: Gen 030 Medical Crew Duties During Maintenance

Purpose: To define the role of the medical crew during aircraft maintenance downtimes.

Policy: The medical crew will follow the guidelines below.

Application: All Jet Rescue Bases and Vehicles

Procedure: When the need for aircraft maintenance arises, the mechanic will inform the Flight team of the anticipated downtime.

The crew will remain at the Office/ Apartment while the aircraft is in maintenance. The medical crew will perform assigned tasks according to the task schedule.



Subject: Gen 031 Medications on Board Jet Rescue Aircraft

Purpose: To assure that medication shall be provided to and maintained by Medical Crewmembers in a legal and appropriate manner, which will provide maximum safety and quality of care for each patient.

Policy: Medication shall be issued to and maintained by the medical staff in compliance with all applicable laws, regulations, and standards of quality of care. Procedures for control and storage of medications shall comply with the NOM 220-SSA1-2012 (Instalación y operación de la farmacovigilancia Norma Oficial Mexicana).

Application: All Jet Rescue Bases and Vehicles

Procedure:

1. All medications shall be issued pursuant to the prescription of the Medical Director and maintained by the Pharmacy.
2. The list of authorized and approved medications, with approved quantities, shall be made an addendum to this policy.
3. Medication shall be requested as needed from Pharmacy. The record form shall be forwarded to the Medical Director.
 - Records shall be filed and maintained for two years.
 - Controlled drugs shall be maintained with Perpetual Inventory Records.
 - Drugs and IV fluids shall be issued as a replacement for drugs and IV fluids administered and charged.
 - All medications shall be secure at all times.
4. No medications should be left in the Learjets without constant surveillance.
5. Learjets containing medications shall be under constant surveillance by a Crew Member
6. Medication supplies shall be inspected daily by an RN, or EMTP.
7. Medication supplies shall be inspected monthly by the Pharmacist.
8. Medication is administered to patients by Doctors, Nurses, or Paramedics and only pursuant to either verbal order from Physician or SMO for NON PHYSICIANS.
9. During the downtime of Learjet, all medications will be removed and placed in the pharmacy/storage room.



Subject: Gen 032 Medication Storage and Administration

Purpose: To provide a consistent method of storage and administration of all medications stored and utilized by Jet Rescue.

Policy:

Application: All Jet Rescue Bases and Vehicles

Procedure: Drugs and narcotics will be stored and administered as outlined below.

1. All Narcotics will be counted every 24 hours by the on-coming crewmembers.
2. Narcotic administration will be documented per the Controlled Substance Policy.
3. Any drug administered by Nurses or Paramedics during transport will be documented either as a verbal order or SMO (with number) and then countersigned by the ordering MD on arrival to base.
4. Opened vials will be replaced following each use.
5. All drugs and IV solutions will be checked for expiration, color change, and/or precipitation monthly and at the discretion of the pharmacist.
6. Any drug will be replaced if there is any evidence of color change or precipitation and at the discretion of the pharmacist.
7. Bags of intravenous fluid removed from their protective wrapping will be removed.
8. The Medical Director will inspect the drugs on a regular basis.
9. Crew members will check all drugs and IV solutions in the Learjets and Pharmacy on the last day of each month for outdated medications and replace as necessary.



Subject: Gen 033 Controlled Substance Distribution

Purpose: To define and describe controlled substance distribution.

Policy: The supplies Department, in conjunction with our medical teams, will safely manage all controlled substances in the pharmacy in compliance with regulatory agencies (SSA/ DEA/ Mexican National Guard).

Application: All Jet Rescue Bases and Vehicles

Procedure:

1. Controlled Substances Registration

Jet Rescue Air Ambulance is registered in COFEPRIS and a copy of the Medical Director's federal controlled substance registration should be posted in every storage room.

2. Authorized Signature

- A. The Medical Director, Program Manager, and designated Senior Flight Crew member are the authorized personnel of Jet Rescue to sign requisitions for controlled substances. Only one signature is required on a requisition.
- B. Signatures of authorized personnel must be updated annually, on or before November 20 of each year, or as necessary, and will be kept on file in the Administration.

Address and telephone numbers:

██████████
Colonia Independencia
Guadalajara, Jalisco CP 44240
██████████



Controlled substances list

The Medical Director will establish a list of usual and customary controlled substances utilized by Jet Rescue. This list will be revised on or before November 20 of the current year.

3. Requisition

- A. Requisition for controlled substances must be completed on the Jet Rescue Controlled Substance Order Forms in triplicate. One copy to be kept at Jet Rescue Administration.
- B. The Purchase Department will process requests during normal office hours. Emergency requisitions must be called to the attention of the manager on duty; all normal procedures and paperwork must be completed before controlled substances can be dispensed.
- C. A licensed crewmember will send the requisition to the Central Supply Room. The same licensed employee will receive the supply. A valid Jet Rescue picture ID and INE ID are required.
- D. The requisition form must be completed with the following information:
 - Date
 - Base
 - Ordered by – Authorized Signature
 - Received by
 - Ordered amount
- E. The Central Storage will retain the original requisition form. The JR employee will return the second copy to JR Administration. Supply room personnel must document the following information on the order form.
 - Filled by
 - Checked by
 - Delivered by
 - Filled amount

4. Dispensing

- A. Upon receiving the requisition, the Supplier on duty is responsible for all required information in the Requisition Section. This section must be fully completed, clear, and legible on both copies (Original and copy).
- B. Dispensing practices will comply with current JR Policies and Practices.
- C. The JR employee will verify that the order being dispensed correlates with the requisition, specifically noting the following for each item on the requisition:
 - Medication name
 - Dose strength



- The expiration date of each unit
- The integrity of each unit
- Quantity ordered

Any discrepancies will be immediately brought to the attention of the JR Supplier and will be rectified prior to leaving the supply room.

5. Receiving

A. When receiving controlled substances at a remote base from the Central Supply Room, the order as received will immediately be verified. The JR employee(s) receiving the order will verify the order against the requisition form. Specifically, note the following for each item on the requisition:

- Medication name
- Dose strength
- The expiration date of each unit
- The integrity of each unit
- Quantity ordered and received.

Any discrepancies must be immediately brought to the attention of the person making the delivery and, if feasible, will be rectified prior to entering the order into inventory stock. The Program Manager on call will be notified immediately if there are any discrepancies.

Once verified, the following documentation should be recorded on the Controlled Substance Record (CSR):

- Received into stock from JR Supply room
- Date and time received.
- Indicate each quantity of medication received in the appropriate drug column.
- Sign your name along with the countersignature of a JR staff member confirming the accuracy of the stock received.
- Record new quantity totals

B. The order form should be completed, i.e., the signature of the person receiving drugs into stock should be recorded in the appropriate space. The fully completed order form should be returned to the JR administrative offices. If at the time of delivery to a remote base location the designated delivery person is unable to complete the transfer of medications due to the unavailability of authorized JR staff, the Program Manager on call will be immediately contacted. In this case, either the Program Manager on-call or his/her designee will meet the delivery person at a remote base location for sign-in and storage of medications and/or they will be returned to the Central Supply room and unusual occurrence generated.



6. Returning

- A. Expired medications need to be returned to the Central Supply Room. When returning controlled substances to the JR Central Supply room from a remote base, the following documentation should be recorded on the Controlled Substance Record (CSR):
- "Returned to the JR Central Supply Room"
 - Date and time returned
 - Indicate each quantity of medication returned in the appropriate drug column
 - Sign your name along with the countersignature of a BMF staff member when returning stock to JR Central Supply Room
 - Record new quantity totals
- B. A Jet Rescue Controlled Substance Order Form should be completed by an authorized person. In the section "Returns", each medication being returned should be noted including quantity returned, medication name, and dose strength. The signature of the person removing medications from stock and the person accepting the medications for transfer should be documented. When delivering the medications to the JR Central supply room, the person receiving the medications at the Supply room should also sign the order form acknowledging the receipt of the drug(s). A copy of the fully completed order form should be returned to the JR administrative offices.

7. Storage

- A. All controlled substances dispensed must be stored in a steel safe located in a locked med room at each base location.
- B. Expired controlled substances will be returned to the Central Supply Room with the appropriate paperwork properly completed and submitted.
- C. Controlled substances will be stored as dispensed in tamper-resistant packaging. If the packaging is damaged, the controlled substance(s) will be returned to the Central Supply Room along with the appropriate paperwork.

8. Documentation

- A. A physical inventory of all controlled substances on hand at each base location will be performed at least twice a week by two licensed JR employees unless extraordinary circumstances preclude this, which will be clearly documented. If at normal the change of shift inventory count time all JR vehicles have not returned to the base due to late missions, the crew of the last vehicle to return will conduct the controlled substance inventory count.
- B. Signature and documentation of completed counts will be placed on the JR Controlled Substance Record Log Book.



- C. Documentation of the administration of controlled substances to patients will be recorded on the JR Encounter Form (transport record) and on the Controlled Substance Record.
- D. A copy of the transport record will be kept with the Controlled Substance Record. The copy of the transport record (ground or air) will be forwarded with the Controlled Substance Record to the Central Supply Room as described below
- E. In the event that a portion of a controlled substance was wasted, both the Transport Doctor and the Transport Paramedic Specialist will record the amount wasted on the CSR along with their signatures acknowledging the wastage.
- F. Broken vials of controlled substances will be wasted and documented on the Controlled Substance Record with a co-signature. A JR Unusual Occurrence Forms should be completed, with the original form submitted to JR Administration. A copy should also be attached to the Controlled Substance Record.
- G. Contaminated controlled substances will be wasted and documented on the Controlled Substance Record with a co-signature.
- H. If a discrepancy is found at the time of the count, an Unusual Occurrence Form shall be completed and forwarded to JR administration. Every attempt should be made to determine the origin of the discrepancy and should be clearly documented as such. The Program Manager will be notified immediately.
- I. Controlled Substance Records are to be delivered to the JR Central Storage Room monthly by authorized JR personnel with proper JR ID badge identification shown and documented by pharmacy personnel.

Responsibility:

Medical Director, Operations Manager; JR staff, JR Program Manager, and Senior Flight Doctor



Subject: Gen 034 Administration of Narcotics

Purpose: To define the responsibilities of the Jet Rescue Flight Nurses and Paramedics in maintaining narcotics carried on the aircraft.

Policy: The Flight Nurse or Paramedic is ultimately responsible for the narcotics. All narcotics are to be kept in a locked drawer in the Learjet. A crew member will remain at the aircraft during marketing events. If it is necessary for all crew members to leave the aircraft, the pilot will lock the aircraft.

Application: All Jet Rescue Bases and Vehicles

Procedure:

1. The Flight Doctor, Nurse, or Paramedic may administer narcotics to a patient on board the Jet Rescue vehicles.
2. In the event that ground transport of a patient is required and the flight crew goes with the patient:
3. The Flight Nurse or Paramedic is responsible for taking the narcotics along with the patient for the duration of the ground transport.
4. The Flight Nurse or Paramedic must maintain physical or visual contact with the drug bag at all times.
5. The narcotics are never to be left in any vehicle including our aircraft if the crew is not available to remain in the vicinity of the aircraft.
6. In the event that the narcotics and/or drug bag are lost:

The Flight Nurse or Paramedic responsible for the narcotics will notify the following Management Staff immediately.

- A. Medical Director.
- B. Administrator on Duty

7. The Flight Nurse or Paramedic responsible for the narcotics will fill out a Risk Management report.
8. The Flight Nurse or Paramedic responsible for the narcotics will write a detailed report and submit it to the Medical Director Administrator and the Police.



Subject: Gen 035 Oxygen Administration and Storage.

Purpose:

1. To Assure that there is enough oxygen in every flight.
2. To assure that every patient receives oxygen during transport

Policy: Oxygen will be administered and stored as outlined below.

Application: All Jet Rescue Bases and Vehicles

Procedure:

1. The main supply of oxygen will be stored in either one (1) or two (2) "M" tanks installed in Aircraft Galley or Lifeport Stretcher system.
2. Minimum oxygen on the aircraft will be a total of 1000 lbs. psi on each "M" tank. The flight crew will be responsible for checking oxygen levels every shift and before every flight.
3. "M" tanks will be filled while remaining on aircraft with O₂ from the "G" cylinder by a mechanic.
4. The "G" cylinder will be stored in a locked storage area. The used tank will be picked up and refilled by Infra Servicios de Oxigeno according to need.
5. Portable oxygen will be stored only in aluminum "E" cylinders.
 - 5.1 Minimum oxygen in the "E" cylinder will not be less than 500 pounds psi.
 - 5.2 Only round dial type oxygen regulators will be utilized with an oxygen key either kept on the tank or in the crew's pockets.
 - 5.3 Oxygen tanks will be stored in a storage rack in the locked storage area.
 - 5.4 Used tanks will be picked up and refilled by Infra Servicios de Oxigeno according to need. The flight crew is responsible for checking availability every shift and arranging for pick-up as needed.
6. Procedure for patient use of oxygen
 - 6.1 All patients, unless contraindicated, will be oxygenated in flight according to need. Titrate to obtain a SaO₂ >95%
 - 6.2 The use of PEEP requires consultation from Medical Director if No Doctor on Board.



Subject: Gen 036 Deep Cycling of Equipment Batteries

Purpose: To provide guidelines for effectively and safely discharging, and deep cycling, all our different equipment batteries.

Policy: The flight crew will be responsible for discharging all equipment batteries every Ninety (90) days and deep cycling these batteries three times

Application: All Jet Rescue Bases and Vehicles

Procedure:

1. The top of each battery will be labeled with tape. Note on tape the date, and Record each deep cycle (% of charge).
2. Three consecutive discharges and recharges will be performed.
3. After three deep cycles, if % charge is not greater than 90%, send the battery to Biomed.

**Batteries used on a flight that will run low will only be charged after use.
Deep cycling will occur as scheduled.**



Subject: Gen 037 Aircraft Switch-out Procedure

Purpose:

To assure all necessary equipment is exchanged to maintain the aircraft in mission-ready status.
To describe the changeover standard operating procedure to convert charter aircraft into air ambulance.

Policy:

- 2.1 When a need for back – up aircraft arises, the Base Manager will determine which aircraft will be coming and inform the flight crew.
- 2.2 All additional equipment needed will be procured and readied by the on-duty flight crew.

Application: All Jet Rescue Bases and Vehicles

Procedure: The following activities will be performed:

- 3.1 The flight nurse or Paramedic will check all equipment prior to loading for operation and cleanliness.
- 3.2 Check stretcher oxygen source and regulator. Ask Maintenance to Refill the tank if the psi is less than 1000 lbs. or for a prolonged trip make sure there is enough oxygen to meet patient requirements as well as contingencies, see oxygen policy/procedure
- 3.3 The aircraft mechanic will remove aircraft seats in the cabin as necessary.
- 3.4 Four clamps will be placed in the seat tracks in the appropriately marked spaces.
- 3.5 The Egan or Life Port stretcher will be loaded into the aircraft LEGS first and secured to the clamps.
- 3.6 Transfer all aircraft equipment from the one in service to the backup or load a complete Set of equipment from the storage room.

Onload the following equipment:

- a. Oxygen
 - b. Adequate "E" cylinders in the cage
 - c. Regulators
 - d. Oxygen Keys Suction
 - e. Canister
 - f. Regulator with appropriate wall connector
 - g. Portable suction availability (two may be needed if a/c does not have wall suction)
- 3.7 Verify Narcotic Security
 - a. Locked drawer with keys
 - b. Carry narcotics on a person if a locking drawer is not available
 - 3.8 Pilots are responsible for transferring all equipment, manuals, and supplies Located in the cockpit area.



- 3.9 Verify take off/landing checklist in place
- 3.10 Verify the same equipment leaves with a/c as when it arrived.
 - a. Stretcher
 - b. Headsets
 - c. Keys
- 3.11 Clean back-up a/c prior to its leaving.
- 3.12 Upon receiving a/c, notify the pilot of needed or desired repairs to be passed on to the Mechanic.
- 3.13 After all equipment is moved from one a/c to another, both crewmembers must make one final check through all drawers and storage compartments.
- 3.14 The aircraft switch checklist is to be completed and signed by both crew members
- 3.15 After completing the mission, offload the equipment and have maintenance remove the Egan or Life Port stretcher in reverse order.
- 3.16 Clean the stretcher and mattress with a diluted solution of sodium hypochlorite [bleach] and double bag all contaminated/used linens.
- 3.17 All battery-operated equipment will be recharged per equipment policies.
- 3.18 Flight bags will be restocked.
- 3.19 Make certain that all equipment has been removed from the aircraft with special attention to stretcher clamps (nuts, bolts, and washers).

Subject: Gen 038 Personal Protective Equipment

Purpose: To establish guidelines for the use of Personal Protective Equipment by Jet Rescue personnel.

Policy:

1.1 The Jet Rescue Crew will adhere to OSHA / STPS and body Substance Isolation guidelines for prevention of contamination of self during the care and transport of patients.

1.2 Jet Rescue personnel will follow the Body Substance Isolation Exposure Control Plan.

Application: All Jet Rescue Bases and Vehicles

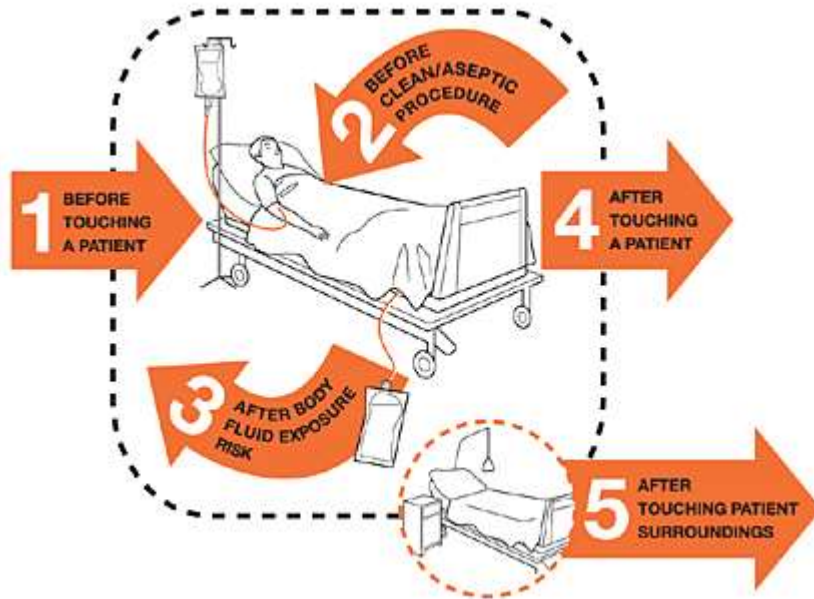
Procedure:

3.1 PPE (includes gowns, gloves, masks, eye protection, face shields, shoe covers, etc.) is readily available on the aircraft for employee use.

3.2 BSI(Body Substance Isolation) is used on all patients at all times when handling blood, body fluids, mucous membranes or any moist body surface.

3.3 Any invasive treatment such as IV initiation, intubation, etc., will require crew members to wear PPE as outlined below.

3.4 Handwashing to be at 5 times published by WHO.



<https://www.who.int/campaigns/world-hand-hygiene-day>

3.5 Exposure to blood and body fluids (i.e. needle sticks, etc) will be followed up by the Medical Director. The employee must report on-the-job accidents, injuries and accidental needle sticks, and mucous membrane exposure to blood and body fluids.

3.6 Crewmembers' compliance to PPE will be monitored by direct observation.

Tasks that routinely involve exposure to blood, body fluids, and tissue.

TASK	HAND WASHING	GLOVES	GOWN	MASK	EYE PROTECTION
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1. Aerosolized Medication	x			x	x
2. Hyperinflation therapy	x			.	xx
3. Suctioning	x	x		x	x
4. Insertion of Airways	x	x	x		x
5. Artificial Airway Stabilization	x	x	xx		x
6. Airway Care	x	x		xx	x
7. Cardiopulmonary Resuscitation	x	x	x		x
8. Assisting or Performance of intubation	x	x	x		x

9.**	Assisting					
	Performance of					
	Advanced					
	Procedure	x	x	x	x	x
10.	Physical Exam					
	Vital Signs	x	xx			
11.	Cleaning AC					
	Ambulance					
	Equip	x	x	xx	x	x
12.	Intravenous					
	Cannulation	x	x	xx		
13.	Patient					
	Extraction	x	x	xx	xx	xx
14.	Controlling					
	Bleeding	x	x	xx	xx	xx
15.	Administering					
	Blood & Blood					
	Products	x	x	xx	xx	xx
16.	Handling of					
	Body Secretions	x	x	xx	xx	xx
17.	Administering of					
	Drugs via injection	x	x			
18.	Oxymetry		x	xx		

LEGEND

X = Use routinely

XX = Use if soiling or splattering is likely

** = Naso/oral tracheal intubation, percutaneous transtracheal needle decompression of tension pneumothorax, chest tube insertion, femoral vein cannulation, intraosseous infusions, pericardiocentesis.



Subject: Gen 039 Cleaning of equipment used in transport

Purpose: To establish guidelines for the cleaning of equipment and the aircraft after patient care usage.

Policy: The flight crew will adhere to the following approved procedures for cleaning of equipment utilized for patient care.

Application: All Jet Rescue Bases and Vehicles

Procedure:

1. All blood or fluid spills are to be cleaned completely during or after each flight by the flight crew with approved germicide with attention placed on cleaning the stretcher base.
2. A sheet is to be used over the stretcher pad for each patient and all linens will be changed after each patient.
3. Suction equipment, including tubing and canister, along with oxygen tubing and masks, are to be discarded in red biohazard bags if contaminated with Blood and Body Fluids.
4. BVM's are to be discharged after each patient use.
5. Laryngoscope blades are to be cleansed with soap and water, then soaked in 2% Glutaraldehyde for (must high level disinfect) 20 minutes, then rinsed with water and dried prior to reuse.
6. ETT and suction catheters are to be kept in sterile wrappers until ready for use. Once used should be discarded in a red biohazard bag
7. Needles are to be disposed of in a puncture-resistant container secured in the aircraft.
8. The floors, walls, and stretcher base are to be cleaned completely with a disinfectant on a weekly and PRN basis.
9. Stretcher straps contaminated by blood or body fluids are to be scrubbed with a brush and soaked in LDHSE for 20 minutes.
10. Linens used on patients will be placed in leak-proof bags. All linen is handled as contaminated.
11. All disposable supplies and trash will be bagged and disposed of according to Biohazard Safety Measures.
12. PPE will be worn during the cleaning and disinfection processes.



Subject: Gen 040 Disposable of Needles, Syringes, and Knife Blades

Purpose: To prevent needle sticks and injury to personnel and to prevent exposure to infectious diseases.

Policy: All needles, syringes, sharp objects, and knife blades shall be disposed of in the puncture-resistant container for contaminated waste.

Application: All Jet Rescue Bases and Vehicles

Procedure:

1. Do not recap needle after use before disposal.
2. Do not purposely bend or break needles by hand because accidental puncture may occur.
3. Place directly in puncture-resistant container (sharps container for contaminated waste).
4. When recapping of needles is required (ex: re-administration of medication) hemostats will be utilized to place the cap on the needle.
5. When the sharps container for contaminated waste is $\frac{3}{4}$ full, secure top and take to soiled utility for proper disposal.



Subject: Gen 041 Macroshock/Microshock

Purpose: To provide an electrically safe environment through the application of basic electrical principles and associated precautions.

Policy: All Medical Staff will safely and effectively use Medical equipment during patient care, reducing electrical hazards to patients with direct cardiac conductors.

Application: All Jet Rescue Medical Staff

Procedure:

Macroshock: Macro-shock is a type of shock originating from the outer skin, It could be caused with low-intensity current Due to startle reactions, neurologic dysfunction, burns, and ventricular fibrillation.

1. Use electrically operated equipment that has been inspected for safety within the last six months.
2. Inspect equipment for electrical hazards such as cracked or frayed line cords and cables; broken or defective connectors, knobs, and switches.
3. Ensure that all equipment is plugged into properly grounded receptacles (wall outlets) that are tested at least manually to insure adequate ground connections.
4. Prohibit the use of underground electrically operated equipment such as razors, radios, fans.

Microshock: Refers To cardiac Arrhythmias produced by low-intensity current passing throughout the heart usually via an intravascular or intracardiac catheter

1. Wear rubber gloves when working with conductive pathways to the myocardium. This includes temporary pacemakers catheters and saline-filled central venous, pulmonary artery, and left atrial catheters as they provide low resistance current pathways to the myocardium.
2. Avoid contact with conductive ends of catheters while touching electrical equipment or metal parts of the bed as minute alternating current levels can induce ventricular fibrillation.
3. Provide continuous dysrhythmia monitoring of patients with direct cardiac conductors.
4. Use only properly grounded equipment around these patients.
5. Use D5W infusion for fluid-filled catheters inserted to or in the myocardium.
6. Provide special attention to temporary transvenous pacemaker catheters.
 - 6.1 Use battery-powered rather than line-operated devices when being connected to pacemaker terminal. This reduces the possibility of transmitting leakage current.



6.2 Check for strong electrical fields; these are usually evidenced by erratic deflection of sense/pace indicator needle to left. This may interfere with the demand function.

6.3 Protect pacemaker, catheter, and connections from moisture as this may cause malfunction.



Subject: Gen 042 Special Events

Purpose:

1. To ensure that Special Event requests are submitted to the operations department with a minimum of one-weeks advance notice
2. To ensure that equipment needs are discussed with the base manager and that arrangements for equipment are finalized three days prior to the Special Event.
3. To ensure that staff for Special Events is in the appropriate attire when representing Jet Rescue.

Policy: The Jet Rescue Operations department will accept requests from outside agencies if a minimum of one week prior notice is received.

Application: All Jet Rescue Bases and Vehicles

Procedure:

Jet Rescue Operations Department will accept requests to assist and/or staff Special Events on a fee for service schedule or events that are sponsored by Jet Rescue when given a minimum of one week's notice prior to the date of the event.

- Equipment requirements for Special Event will be discussed.
- Staff for the Special Event will be attired as is appropriate.
- Jet Rescue staff members will wear their work uniforms.
- EMS Education students or non-employees of Jet Rescue will wear a light color dress shirt and either black or dark navy slacks.
- In the event that there are special issue shirts for the event, the attire will be the special issue shirt and black or dark navy slacks.
- Use of tobacco products is not permitted.
 1. Tobacco products include cigarettes, chewing tobacco, snuff, etc.
- Eating at the Special Event booth or chewing gum is not permitted.
 1. If the event is an all-day event, then the staff should break each other for eating arrangements.

If a Special Event is scheduled for more than one day, each day will be assigned its own sign up form.



Subject: Gen 43 Hazardous Materials and Waste Management Plan

Purpose: To provide a safe, efficient method for handling and disposal of hazardous materials and waste in accordance with government regulations.

Policy:

1. All persons that use, transport, or dispose of hazardous materials or hazardous wastes in our premises will use the following procedure.
2. Hazardous materials are substances, which have any of the following properties: Corrosive, flammable, explosive, toxic, infectious, emit ionizing radiation, capable of injuring people, carcinogenic, listed as having any hazardous property by any regulatory agency of the federal, state, or local government. Hazards are usually listed on MSDS sheets which accompany most substances.
3. Hazardous wastes are wastes that have any of the properties listed in number two above. Non-hazardous waste is made hazardous by placing into it any waste, which has hazardous properties.

Application: All Jet Rescue Medical Staff

Procedure:

1. Hazardous materials shall be stored within the Hangar or Office in designated locations which are designed to accommodate such materials.
2. Hazardous materials shall be stored only in clearly labeled containers, which are compatible with the type of hazardous material being stored.
3. Hazardous wastes shall be stored in a clearly labeled container, compatible with such wastes, in a designated location.
4. Hazardous materials, which are incompatible, shall not be stored together.

Appropriate supplies for spill control and containment for stored hazardous materials are in a location readily accessible to the storage site.

5. Jet Rescue utilizes the following items within its operations:
 - Bleach
 - Oxygen
 - Show Place Floor Finish
 - Zep Aircraft Soap
 - B&B 3100 Jet Engine Gas Path Cleaner



- Share Corp De-Icing Fluid
 - Dupont Pre-Sol Solvent
 - Jet A Fuel
 - Dupower Aircraft Soap
 - Liquid Paper
 - Gasoline
 - Diesel Fuel
 - Alcohol Preps
 - Doppler Gel
6. Persons who use a hazardous material shall have been trained as to the hazards associated with such material, safety precautions to be followed, and the appropriate methods for spill prevention control and containment for such material. (See attached MSDS sheets).



Gen 044 HAZMAT EMERGENCY PROCEDURES

USE Common Sense, Refer to HAZMAT Training Manual

Intentionally Left Blank



Subject: Gen 045 Disposition of Patient Belongings

Purpose: To ensure safe transport and proper disposition of patient belongings

Policy:

1. It is the policy of Jet Rescue to make reasonable efforts to provide safekeeping for said items.
2. Items left in the Jet Rescue vehicles are not the responsibility of Jet Rescue.
3. All patients should be informed and educated of this policy upon contact with the patient and or companions.
4. Company procedures will be enacted to support the goal of this corporate policy and follow in line with its conventions.
5. It is also recognized that during some life-saving medical efforts, items may be lost or damaged and are not authorized for reimbursement.

Application: All Jet Rescue Flights

Procedure:

1. It is preferred that a patient's belongings be given to a family member/significant other for safekeeping. If they are given to a Significant Other, document what and to whom belongings were given in the 'patient belongings' section of the Flight Record record.
2. Upon arriving at the receiving unit/department, patient belongings will be turned over to the receiving nurse and the nurse's name will be documented in the Flight Record record.
3. The crew will document a description of and the disposition of the patient's personal belongings in the patient transport record.
4. Lost or Missing items
 - a. Many times missing items turn up upon cleaning the airplane and reasonable care should be established in the procedures to search for such items in linen, trash, floor, etc.

Any found items should be turned in to the Administration.

- b. Lost or missing belongings will be recorded and searched for on the airplane and ground ambulances.
- c. Lost or missing valuables should always be reported immediately through our Mission Control Center Recorded Telephone line.



5. Disposition of Unclaimed Items

- a. Reasonable attempts shall be made to contact patients prior to the time frames below.
- b. After 30 days, patient belongings will be either donated or thrown away.

RESPONSIBILITY:

1. It is the responsibility of the medical and flight crew personnel to request that patients turn over any valuables/belongings to a designee at the time of boarding. In the absence of such, the medical crew will explain this policy to the patient.
2. It is the responsibility of the Medical Crew to inventory items, and complete the appropriate form. It is also their responsibility to deliver valuables to either the Receiving Nurse or travel companion in accordance with the above procedure.



Subject: Gen 046 Documentation Requirements

Purpose: To establish the appropriate forms for patient documentation and distribution of the transport record.

Policy: The purpose of the transport record is to provide chronological evidence of patient assessment, treatment, and response to therapy.

Application: All Jet Rescue Medical Flights

Procedure

A. General Information:

- A means to review the quality of care.
- A record of the patient status and plan of care during transport for other health care professionals who subsequently care for the patient.
- A need and justification for insurance reimbursement.
- Data for statistics, research, and continuing education.
- A legal document to assist in protecting the legal interest of the patient and the health care providers.
- A record of the patient status and plan of care during transport for other health care providers.
- A requirement by Secretaria de Salud and NORMA Oficial Mexicana NOM-004-SSA3-2012, Del expediente clínico. for data submission for transports and for provider skill tracking.
- Required documentation must be completed on any and all missions in which the crew was committed (dispatched) and document that the transport was completed, aborted, or canceled.

The complete record as prepared by the Medical crew shall include:

1. The completed chart
2. The original Authorization for Patient Treatment and Transport (Agreement and Consent)
3. The original QA Questionnaire
4. The original Checklist

B. General Requirements for Transport Records

Documentation of all transports shall be completed documentation must include all demographic information, dispatch information and applicable times, invasive procedures as tracked in the activity log, as well as the signature of the medical crew member completing the record.



It is the absolute responsibility of the transporting medical team to ensure that all information contained within the record is accurate.

- Only medical abbreviations found in the Procedures Authorized Abbreviations shall be used on the transport record.
- We encourage not using medical abbreviations.

Twenty-four-hour local time shall be used for all entries. Using all time UTC time, to avoid confusion between time zones.

- Crew should attempt to place the pertinent times of the record in the time zone of the receiving facility

The medical crew shall document a comprehensive history and physical exam and the source of the history or other information shall be documented when it is not the transport team as its primary source.

The disposition of the patient upon arrival shall be documented and include the patient status, vital signs, GCS, if applicable, time, receiving unit, and receiving staff who accepted the patient and received the report.

Late entries including information can be made through addendums and are time-stamped with the time and date that the addendum was made. Additionally, it is the documenting crew member's responsibility to enter the correct time that corresponds to the addendum's action.

Errors in documentation shall be corrected through the use of addendums if necessary and in a way that what was written prior can be read.

- It is the responsibility of the transport team to gain any information lacking with these elements after the chart has been completed.

All personnel providing medical care are required to sign the medical record to verify their agreement with the documentation enclosed within it. A chart is considered completed only after all information contained within has been verified by all members of the medical crew, and signed by those parties.

- This process must be completed without errors for the chart to be considered complete.
- In case of errors after printing and uploading the flight note to cloud, correction note should be added with date and signature of medical director and involved medical crew.

It is expected that all transport records be completed within three hours of the completion of the transport. It is understood that situations may occur that may delay this completion, but those situations are limited to other ensuing transports, and lack of demographic information.

In the event of the lack of demographic information the chart can be held open until the end of the medical crew's shift while that information is gathered, though a printed copy of the record should be



submitted under the patient's known information or run number.

In the event that the information is not known at the end of the shift, the chart may be Flagged. QA flag/special report submitted to the administrator noting the lack of demographic information attached to that chart.

It is the policy of the department, due to the constraints of HIPAA and the policies of Jet Rescue not to encourage patient charting from home or public computers at any time.



Subject: Gen 047 Transport of Psychiatric Patients and Prisoners Restraints.

Purpose: To set guidelines for the transportation of psychiatric patients or prisoners. To ensure the safety of the patient, crew, and aircraft.

Policy:

1. Acutely disturbed patients will not be transported by aircraft except in extraordinary circumstances such as:
 - 1.1 A patient at a remote location inaccessible to a ground vehicle.
2. In deciding whether air evacuation of a psychiatric patient is appropriate, the overriding concern will be the safety of the aircraft and crew.
3. If a psychiatric patient is considered by medical crew as high risk, sedation may be used during flight prior authorization by medical control (medical director) and consent for transport under sedation signed.
4. During flight at least one medical crew should be between patient and aircraft cockpit at all times.
5. Patients who are restrained may not be secured to any fixed structure within the aircraft. Patients should be restrained to the stretcher base or backboard on which they are located.
6. At the flight crew's discretion, any patient may be restrained for his own safety or the safety of the crew and aircraft.
7. The flight crew or pilot may utilize their discretion and refuse to fly any patient who poses a threat to the safety of the crew and aircraft. Medical Control must be notified of patient condition.
8. Any prisoner requires the presence of a guard or attendant, will be considered for transport by Jet Rescue, as long as the guard or attendant is present during flight. The guard or attendant will not be armed during the flight. If the guard or attendant is required to be armed at the receiving facility, the guard may surrender his unloaded weapon to the pilot. The weapon will be secured in a bag in the cockpit of the aircraft

Application: All Jet Rescue Flights



Subject: Gen 048 Two Patient Transport

Purpose: To establish guidelines for transporting more than one patient.

Application: Requests from clients to transport 2 patients

Policy:

A. Aircraft

1. The medical director, Medical crew, and pilot will determine if more than one patient can be transported. Factors to consider but not limited to: patient diagnosis, patient's vital signs, patient's clinical status, etc. If it is determined that only one patient can be transported, the medical crew and Mission Control Center must be in communication with the client to determine the appropriate means to transport the second patient.
2. Isolettes patients: Twins may be transported in the same isolette. Exceptions, one patient has a viral or bacterial illness. If the transport crew determines that one patient will require extensive interventions, the Medical Director and medical crew will determine the best means to transport the second patient.
3. Pediatric patients: The Medical Director, medical crew, and pilot must be involved in the decision process of transporting two pediatric patients.

The more seriously ill patient should be transported first.

The transport crew, ground operator, and Medical Director will determine if more than one patient can be transported. If one or both patients require multiple interventions, the Mission Control Center must be advised of patients' status.

The more seriously ill patient should be transported first.

MCC will make alternative transport arrangements for the second patient in consultation with medical control.



Subject: Gen 049 EMTALA Regulations

Purpose: To Provide Guidelines of Interfacility Patient Transfers

Overview: EMTALA Emergency Medical Treatment and Labor Act

The Emergency Medical Treatment and Labor Act is a Federal law enacted by Congress in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (42 U.S.C. §1395dd). Referred to as the “anti-dumping” law, it was designed to prevent hospitals from refusing to treat patients or transferring them to charity or county hospitals because they were unable to pay or had Medicaid coverage. EMTALA requires hospitals with emergency departments to provide emergency medical care to everyone who needs it, regardless of ability to pay or insurance status. Under the law, patients with similar medical conditions must be treated consistently. The law applies to hospitals that accept Medicare reimbursement, and to all their patients, not just those covered by Medicare.

Application: All international Flights ending in The United States

Procedure:

1. The referring facility has a duty to provide medical treatment as necessary to prevent deterioration during the transfer, within its capabilities.
2. If the patient is unstable at the time of transfer, the transfer may proceed at the patient's request or upon certification by the physician that the benefits of transfer outweigh the risks.
3. The referring facility must send all medical records available at the time related to the patient's emergency medical condition, including certification that the benefits of transfer outweigh the risks.
4. **The receiving facility must have space and staff available.**
5. The transfer must take place by the most appropriate means and with the appropriate level of clinical support.
6. The transport crew will bring the patient's medical records, medical imaging, and documentation of the necessity for transfer with the patient whenever possible, but will not delay a transfer of a critical patient to obtain records, when they may be sent via another timely means.
7. **The Mission Control Center will ensure that the receiving facility has space and an accepting physician.**
8. On all transports, the medical crew shall accompany patients from the bedside at the requesting facility or the scene to the bedside at the receiving facility. Patient care shall be turned over to an RN and/or physician at the receiving institution. A verbal and written report regarding the patient's course and condition during transport shall be covered during the aforementioned transition of care.



Subject: Gen 050 Use of Blood on transport

Purpose: To provide Guidelines of Transporting Blood

Policy: When Transporting Blood the following Guidelines should be followed.

Application: All Flights Transporting Blood

Procedure:

1. If During the Pre-Flight Assessment the need for blood is anticipated, the on-call Doctor will Request Blood to either the Local (Toluca) Blood Bank or referring Hospital.
2. Verify that the Blood Requested corresponds to the actual request.
3. Once Blood is received from the Blood Bank, Place the units in the bottom of the cooler.
4. Place double-bagged wet ice on top of the units with an absorbent pad between the ice bag and the blood.
5. Administer Blood products as per hospital policy.
6. Place unit pool number tag on transport record.
7. Document Blood Administration and note any adverse reactions.
8. The emergency released blood may stay with the patient in the Emergency Department. Place the unused units in the cooler with the ice bag and barrier. Inform the receiving RN of this.
9. If the transport is canceled, record the time the units were returned in the flight note.
10. All blood products administered during transport will generate a Special Report in writing to be sent to the Blood Bank for tracking purposes.



Subject: Gen 051 Travel Companion

Purpose: To establish guidelines to be followed when family or significant other (S.O.) requests to travel (ground or air) with the patient.

Policy:

1. Learjets are able to carry up to 3 travel companions.
2. The final decision of the number of companions traveling on the jet will be made by the Flight Doctor and Pilot in Command.
3. This Decision is final and cannot be changed.

Application: All Transports involving a travel companion

Procedure:

Aircraft considerations:

Travel Companions may accompany the patient with the approval of the Pilot in command and flight Doctor. This decision will be made taking into consideration: available space in the Jet, Patient's medical condition, Number of Passengers, weight, luggage, runway length, and Elevation at the departure airport.

Ground considerations:

Travel Companions may accompany the patient with the approval of the EMT Driver and Medical Crew. This decision will be made taking into consideration: available space in the ambulance, the patient's medical condition, number of passengers, and luggage. If approval is met, the family member must travel, belted, in the cab of the vehicle. If the crew disapproves, the family member must travel by other means. Mission Control Center may help coordinating other means of transportation like taxi or limo.



Subject: Gen 052 Utilization Review

Purpose: To establish a process for monitoring the utilization of the transport services.

Standard: Jet Rescue follows CAMTS Standard 07.03.00 for implementation of a utilization review program and process.

Application: All Jet Rescue Flights

Policy:

1. The Utilization Review tool is a part of the Jet Rescue Flight notes document and consists of filing of Special Reports [SR's] by crew members to flag a mission for review.

Triggers for SR's are compliant with CAMTS Standard 07.03.01

2. Special Reports may also be filed for concerns independent of a specific mission.

Procedure:

Monitoring and Evaluation

1. Review and response to SR's are disseminated amongst staff of Jet Rescue based upon the nature of the SR.
 - a. Clinical SR's are reviewed by the appropriate Medical Director and Clinical Practice Group
 - b. Operational SR's are reviewed by management and Leadership Group
 - c. Safety SR's are reviewed by Safety Committee
 - d. Miscellaneous SR's are referred to appropriate personal or departments within Jet Rescue.
2. SR's require a review and response to provide for loop closure
3. SR's are reviewed on an ongoing basis
4. Quarterly evaluation of all SR's filed by general category is reviewed by management with a quarterly summary report produced for analysis by the Executive Committee.
 - a. A review of the report will focus on trends and the identification of needs for change in practice or operations.



Utilization Criteria

1. Delay's: take-off times, Bedside times
2. Invasive procedures / clinical practice
3. Safety
4. Crew injury
5. Administrative issues / Complaints
6. Appropriate use of available crew resources



Subject: Gen 053 Medical Control Guidelines

Purpose: To provide guidelines to the Non-Physician Medical Crew as to when to contact medical control.

Policy: Medical Director or assistant is available 24 hours a day, 7 days a week. He / She will help facilitate the transfer of pertinent patient information between the referring and receiving facilities as well as give appropriate orders in the management of patients.

Application: All Non-Physician staffed flights.

Procedure:

1. The Adult Medical Director should be contacted on all adult transports that are Non-physician staffed.
2. The Medical control for pediatric and neonate patients would be the flight Pediatrician on call.
3. The appropriate Medical Director will be notified of all primary transports.
4. All traumas, Pediatric or Adult, will go through the Adult Medical Director
5. With two transport requests, the Medical Director will triage the patients and establish the priority of the transports.
6. The Medical Director makes decisions regarding:
 - Whether or not the patient transport warrants a Doctor on Board
 - The mode of transportation (Jet-Helicopter or Jet-Ground) if the sending physician does not select the mode of transport.
 - Interventions for patient care and physician orders by telephone that are not covered by the protocol
7. The Jet Rescue Administrator on call is always available to answer questions



Subject: Gen 054 Mission Limitations

Purpose: To define and describe the patient transport mission limitations specific to the transport vehicle, patient condition, safety, and other logistic factors.

Policy: The Mission Control Center, on-duty Medical and flight crew will perform a pre-acceptance of the transport in the following cases:

- Patients in Active Labor with imminent delivery
- Bariatric Patients
- High Altitude Airports
- Conflict Zones
- Hazardous Materials involved
- Patients with severe infectious diseases or other related conditions, which may pose a risk to transport personnel even with standard precautions
- Short Runways less than 5000 ft
- Severe Weather

Application: All Medical transports performed by Jet Rescue

Procedure:

1. In accordance with Jet Rescue Obstetrical Standard of Care, patients in active labor with imminent delivery or fetal distress will not be transported. Patients with complications secondary to pregnancy and or maternal hemodynamic compromise may be transported only after consultation with sending and receiving institution staff and medical control.
2. The aircraft and ambulance's stretcher weight limit is 500 pounds and balance; the medical crew will also contact referral staff to obtain more accurate clinical information including abdominal girth. If at that time, it is determined that patients cannot be safely transported by air, the flight coordinator will contact the administrator on call to get advice on the case.
3. In accordance with Jet Rescue Hazardous Materials Incident Policy, upon request of a known hazardous material, the medical staff and administration will be contacted to assist with the decision-making process. Staff safety is always primary. If it is felt by the transporting staff that the mission cannot be completed safely, it will not be accepted. If staff comes into contact with hazardous materials during patient transport, they will follow appropriate safety guidelines listed in Jet Rescue protocol.
4. Patients with severe infectious diseases or other related conditions, which may pose a risk to transport personnel even with standard precautions, will not be transported without consultation with the medical director.



5. In accordance with the Jet Rescue safety manual, combative patient policy, and AFAC/ FAA regulations, patients will not be transported if they pose a physical threat to the staff, vehicle, and themselves during transport. These cases will be discussed with the referral and receiving medical team, medical director, and or program manager(s) prior to transport to assist with the decision-making process.
6. High Altitude airports pose special takeoff limitations on the aircraft affecting performance and range. The flight coordinator on call should always review the elevation of all the airports that are intended to be used in a particular mission. Contact the on-call pilot in command if airport elevation is higher than 7000 ft ASL
7. Jet Rescue does not operate in war or conflict zones.
8. If During the planning of the mission the flight coordinator intends to utilize an airport with less than 5000 ft runway length the pilot in command for that mission must be contacted to determine the usage of that airport.
9. If during the planning of the mission the flight coordinator intends to utilize an airport where severe weather is reported or if in the intended flight route severe weather is reported, the pilot in command for that mission must be contacted to determine whether or not the flight can be conducted.



Subject: Gen 055 Performance Improvement Program

Purpose: Identify the process utilized by Jet Rescue for monitoring the quality and performance of the service. Identify needs for improvement or process change

Policy: Jet Rescue monitors the performance and competency of clinical staff by use of Patient Charts and Clinical staff logs. Documentation of procedures and clinical care is completed via Charts on an ongoing basis. Clinical staff complete their log Book quarterly.

Application: All Jet Rescue Flights

Procedure:

Monitoring of mission profiles and times is completed via Patient Charts and Dispatch information. Documentation of procedures

1. Clinical staff document procedures via Patient Charts
2. Clinical staff document specifically identified high acuity procedures and experiences via the Blue book log
3. Clinical staff submit copies of their certifications and educational learning sessions for inclusion in their employee record

Documentation of care

1. Clinical staff document care provided via patient Chart handwritten record.

Documentation of mission profiles and times

1. Mission profiles and times are recorded by the Flight Coordinator.
2. Mission profiles and times pertinent to the transport are documented by the clinical staff via patient chart.

Review and Monitor

1. All clinical staff review Patient Charts on an ongoing basis.
 - a. Review of the transport records included monitoring of basic requirements such as correct demographics, proper charting, and that all pertinent portions of the chart are completed.
 - b. Clinical care provided as documented is also reviewed
 - c. Staff identify items of interest or concern and generate the appropriate subdocument.
 - d. The type of subdocument produced determines the additional QA process to be carried out.



2. Level 2 review is completed by select staff assigned to that level
 - a. The purpose of level two review is to monitor for quality clinical practice
 - b. The same process is followed for the generation of subdocuments
3. Level 3 review is completed by the Base Manager
 - a. Generated subdocuments are reviewed as well as the transport record
 - b. QA flag responses are completed by the individual crew members and reviewed by the Base Manager
 - c. Special Reports are reviewed by the appropriate individual[s].
 - d. The additional follow-up to the Special Report is documented if required.
4. Level 4 review is completed by the Medical Director if required.
 - a. All documents are reviewed to Level 2
 - b. Documents that receive a QA flag receive Level 3 review
 - c. A chart may be flagged for level 4 review
5. Reports are produced and reviewed as required or desired
 - a. Report types are determined based on current needs or identified trending studies as recognized by Management, The Leadership Group, Executive Committee, Medical Director, or other entities within Jet Rescue.
 - b. Output from reports is reviewed and discussed as necessary. If identified, process change or educational needs are addressed accordingly.
6. Clinical providers are responsible for compiling data as required for the Blue Book log.
 - a. Management reviews the Blue Book quarterly for completion
 - b. Deficiencies in the Blue Book log are the responsibility of the individual clinical staff member to address.
 - c. A Clinical Rotation policy is available for staff to review and determine what processes or experiences meet the requirements established in the Blue Book log or are available to address deficiencies.
7. The Flight Coordinators will review mission logs and other documentation produced in coordinating and facilitating mission requests.
 - a. Flight Coordinators will review their logs monthly and perform periodic audits to ensure accurate data is being entered into the computer
 - b. Flight Coordinators will review charges generated from the previous shift to ensure accuracy in charge entry and patient registration [CAMTS 06.03.03]



Subject: Gen 056 Ride-Along Policy

Purpose: To establish guidelines for ride alongs on the aircraft and ambulances

Policy: Ride Along will be allowed on Jet Rescue Aircraft & Ground Transport Vehicles for the purpose of education and training.

Application: Pre-Arranged Ride Along Flights

Procedure:

1. The scheduling of ride-along personnel will be approved by the Program Manager/Outreach Coordinator for non Jet Rescue personnel.
2. The duty pilots must be notified of all aircraft Ride alongs. All ride-along personnel must receive a safety briefing from the duty pilots and fill out an emergency notification form.
3. Ride along personnel will report to the office during business hours 1-3 days before the ride-along shift to be fitted for a flight suit and to receive the safety briefing. The flight suit will be hung in the Storage Room; it will be turned in to the Storage after the shift is completed.
4. Ride along personnel will be added to the what's up Medical operations group for the day.
5. In the event that weight and balance, or Visa and Passport become an issue the ride-along may either has to stay behind at Jet Rescue, be restricted to ground transport only, or could potentially be left behind at the scene.

Program Objectives:

1. Rapidly identify types of patients who require air medical transport from an in-hospital and pre-hospital environment.
2. Identify the key elements of selection and preparation of logistics in order to conduct a medevac.
3. Discuss the procedures and information needed in order to dispatch a Jet Rescue Learjet
4. Describe the preparation and packaging needs of the transport patient from both the hospital and pre-hospital environment.
5. Gain an understanding of the overall functioning of the Jet Rescue team as well as their individual responsibilities in specific situations.
6. Participate in Jet and ground ambulance operations in a manner, which promotes safety and scene control, if applicable, at all times.
7. Observe the crew in day-to-day tasks as well as during missions and flights.



Subject: Gen 057 Mechanical Failure with Patient on board

Purpose: To provide Guidelines to the medical crew in case of a mechanical failure of aircraft before taking off with patient on board.

Policy:

1. Mission Control Center and Maintenance Must be immediately informed of a Mechanical Issue.
2. Ground Ambulance that transport patient to the airport must remain at the airport until after 15 minutes of Jet Rescue Aircraft Taking Off.
3. Stable patients must remain on board aircraft or ground ambulance if air conditioning is available if the estimated repair time is less than 1 hour.
4. When inflight mechanical failure causes airport deviation, a ground ambulance to the airport will be arranged as soon as possible. In case of critical care patients that can not wait for the ground ambulance, a 911 call or ATC can be reached to get an EMS ground ambulance.
5. The nearest capable hospital to continue care with the patient will be chosen to continue care until the availability of aircraft, support with EMS local system is suggested to select and coordinate hospital reception.
6. If the estimated repair time is more than 1-hour patient must be returned to sending hospital.
7. Critical Patients must immediately be returned to sending hospital if the estimated repair time is more than 30 minutes

Application: Flights where there is a mechanical problem prior to takeoff with patient on-board

Procedure:

1. In case of mechanical failure, the Medical Crew must immediately notify the Mission Control Center and Medical Director.
2. Mission Control Center must immediately contact the ground ambulance service that transported the patient and request to return immediately to the airport if it has already left the airport.
3. Medical Crew must return to the sending hospital with the patient and remain at their bedside.
4. Mission Control Center must immediately notify the client of what's going on, and provide a new estimated time of departure.



5. Mission Control Center in coordination with PIC and Maintenance Department must determine if the aircraft is repairable or if a backup aircraft must be sent.
6. Mission Control Center must remain in contact with all parties involved and keep them informed of the current situation and course of action.

Subject: Gen 058 Mechanical Failure WITHOUT Patient Onboard

Purpose: To provide Guidelines to the medical crew in case of a mechanical failure of aircraft before taking off without patient on board.

Policy: Mission Control Center and Maintenance must be immediately informed of a Mechanical issue.

Application: Flights where there is a mechanical problem prior to takeoff without patient on-board

Procedure:

1. When Departing from the base and there is a mechanical failure MCC, PIC, and Medical Crew must assess the situation, if the estimated repair time is more than 1 hour and there is an available backup aircraft medical crew and flight crew must immediately switch aircraft following **Policy GEN 037**
2. If departing off base medical and Flight Crew must immediately notify MCC.
3. MCC must immediately advise the client of the current situation and plan of action.
4. If backup aircraft is available MCC must immediately activate a backup crew.



Subject: Gen 059 Overnights

Purpose:

1. To maintain adequate communication between flight crew, medical crew, and the mission control center.
2. To track in an accurate way flight crew duty time.

Policy:

1. Each individual crewmember must check-in when arriving at the hotel room either by Whatsapp or by phone to the following numbers:
 - a. [REDACTED] Within Mexico
 - b. [REDACTED] US and Canada
 - c. [REDACTED] extension [REDACTED] worldwide
2. Pilots will have a private room to themselves.

Application: All Jet Rescue Air Ambulance Crew members

Procedure:

1. After arriving at the hotel room each individual crew member must check in to the mission control center
2. Each crew member will provide the flight coordinator on call the name of the hotel room number and telephone number of the hotel.



Subject: Gen 060 Satellite Phone Usage while on Flight

Purpose: To maintain adequate communication between aircraft, Control Center, Medical Director, and Hospitals.

Policy: Each aircraft will have a Satellite Phone to be used by crew members to provide updates of important changes in flight and Medical status.

Application: All Jet Rescue Air Ambulance Aircraft.

Procedure:

1. The interior of the aircraft will have a Satellite Telephone on board
2. The Phone will be connected to the external antenna and the antenna will be placed on the AC windshield.
3. Jet Rescue Air Ambulance crews will utilize the telephone to up update the following conditions:
 - A. Changes in flight Plan, Diversions
 - B. Changes in Medical Condition
 - C. Delays, ETAS, ETD



Subject: Gen 061 HIPAA and Patient Confidentiality

Purpose: To provide all Jet Rescue employees guidelines in the management of private and confidential information in compliance with the Health Insurance Portability and Accountability Act.

Application:

This policy applies to all Jet Rescue employees, management, contractors, student interns, and volunteers.

This policy describes the organization's policies regarding maintaining the privacy of patient information.

Policy:

All patients have the right to privacy and the reasonable expectation that the confidentiality of their personal information will be rigorously maintained by all healthcare professionals working at Jet Rescue. Each patient's right to privacy and the professional's duty of confidentiality apply regardless of the form (for example, electronic, photographic, biological sample) in which the information is held or communicated.

Procedure:

Protection, Use, and Disclosure of Patient Information—General Considerations

1. Key principles of healthcare confidentiality.

Healthcare professionals should respect the following three key principles of healthcare confidentiality.

- Individuals have a fundamental right to the privacy and confidentiality of their health information.
 - Individuals have a right to control access to and disclosure of their own health information by giving, withholding, or withdrawing consent.
 - For any non-consensual disclosure of confidential information healthcare professionals must have regard to its necessity, proportionality, and attendant risks.
2. Support for the vulnerable. Healthcare professionals should ensure that vulnerable people are given all necessary support to enable them to understand the complexities of confidentiality issues and to help them to express their wishes.
 3. Protecting the vulnerable. Whenever a patient is identified as vulnerable by a healthcare professional, that identification, its specific nature, and the justification for it, should, with the consent of the patient or their legal representative¹, be recorded in their flight notes.



4. Incapacity. Where a healthcare professional thinks that disclosure would be in the best interests of a patient unable to consent, he/she should raise this with the patient's legal representative (including the parent/guardian of a minor). If the consent of the legal representative is withheld, the healthcare professional should follow the current best practice of their country in resolving the dispute.
5. Emergency situations. In emergency situations, uses or disclosures of confidential patient information may be made, but only the minimum necessary information should be used or disclosed to deal with the emergency situation.
6. Disclosure after death. The confidentiality of patient information must be maintained after the death of the patient.
 - a. A legal representative is a person provided for by law to represent the interests of, and/or take decisions on behalf of, a person who does not have the capacity to consent.
7. Where a competent patient has made an explicit request before his or her death that their confidence is maintained, then that request should be respected.
8. Where a healthcare professional considers that disclosure after the death of a patient may be necessary, desirable, or receives a request for disclosure and has no specific instructions from that patient, the professional should consider this as a situation of possible disclosure to third parties or disclosure for a legally protected public interest. (See Guidance points 19-23.)
9. Patient access to their healthcare information. Healthcare professionals must respect patients' requests for access to their healthcare information and comply with their legal obligations under Data Protection laws. Protection, Use, and Disclosure of Patient Information for their Healthcare
10. Keeping patients informed. Healthcare professionals must ensure that patients and/or their legal representative are informed in a manner appropriate for the patient's communication needs:
 - of what kinds of information are being recorded and retained;
 - of the purposes for which the information is being recorded and retained;
 - of what protections are in place to ensure non-disclosure of their information;
 - of what kinds of information sharing will usually occur;
 - of the choices available to them about how their information may be used and disclosed;
 - about their rights to access and where necessary to correct the information held about them within healthcare records;
 - the information required to be provided to them by national law implementing Directive and country-specific legal provisions or principles governing disclosure.
11. Patients, or where appropriate their legal representative, must be informed of what information sharing is necessary for the patient's individual healthcare. Provided they are informed in this



way, explicit consent is not necessary, implied consent is sufficient for the ethical sharing of patient information for their healthcare.

12. Clinical audit. Healthcare professionals should strive to ensure that institutional policies for clinical audits are compatible with the ethical requirement for confidentiality.
13. Carers. The potential benefits of information sharing with their informal carer should be discussed with the patient and/or their legal representative. However, the fact that such information-sharing may be beneficial does not diminish the duty of confidentiality owed to the patient by the healthcare professional.
14. Multidisciplinary teams. The healthcare team may include temporary members for particular functions and the healthcare professionals must not disclose information to temporary members unless they are under a sufficient obligation of confidentiality for that level of disclosure.

Multidisciplinary teams should agree on strategies for any disclosure of confidential information beyond the team.

Healthcare professionals may have different criteria and thresholds for the disclosure of confidential information, for example in relation to public safety. It is essential that each healthcare professional familiarize him or herself with such differences and moderate disclosures accordingly.

15. Inter-agency teams. Where it is planned to involve staff from other agencies this should first be discussed with the patient and/or their legal representative. The purpose of involving the other agency should be clarified along with the purpose of the contemplated information sharing.

Where a patient or their legal representative refuses to consent to the involvement of other agencies their refusal should be respected unless there are overriding interests. (See Points 19-23.)

Where other agencies request information about patients, healthcare professionals should first seek the consent of the patient or their legal representative about such sharing, including the content of information to be disclosed.

16. Dual roles and responsibilities. Healthcare professionals should avoid situations with dual responsibilities and obligations to the same patient wherever possible.

Where a healthcare professional has dual responsibilities it is important that they explain at the start of any consultation or assessment to the patient and/or their legal representative on whose behalf they are seeing the patient and the purpose of the consultation or assessment. It should also be made clear to the patient and/or their legal representative that the information given will not be treated as confidential.



Protection, Use and Disclosure of Patient Information for Healthcare Purposes not Directly Related to their Healthcare

17. Consent for secondary uses. Express consent from the patient or their legal representative should where possible be obtained before any proposed secondary uses of their personal information. Where there is an agreement to disclosure, only the minimum necessary patient-identifiable information should be used for each legitimate healthcare purpose.
18. Protecting the identity of the patient. Healthcare professionals should strive to ensure that appropriate policies and protocols to protect the identity of the patient are in place and operational in their hospitals and units and among commissioners of services for secondary healthcare uses of patient identifiable information.
19. Anonymization. Information should only be kept in forms that enable the patient to be identified if this is necessary for the purposes for which it is being kept. Data, which has been rendered anonymous, means that the patient can no longer be identified directly or indirectly by anyone from that data. Whenever it is intended to render data anonymous, patients and/or their legal representative must be informed by the healthcare professional of this intention and the precise effect that this will have, specifically the ability of patients to access their data and to know what it is being used for and hence to object to such uses. Patients and/or their legal representatives should be informed of the purposes of the intended processing of data after it has been rendered anonymous.

Obligations and Justifications for the Disclosure of Patient Identifiable Information for Purposes not related to their Healthcare

20. Legal obligations to disclose. Where in the course of the healthcare professional-patient relationship a legal obligation to disclose is clearly becoming relevant, this should be discussed with the patient and/or their legal representative as early as possible unless such discussion would itself undermine the purpose of the disclosure. Before complying with any possible legal obligation to disclose, healthcare professionals must satisfy themselves that the situation clearly falls under the category of cases for which disclosure is legally required. They must ensure that every argument that can properly be put against disclosure is put before the authority to which disclosure needs to be made. Any disclosure must be limited to what is strictly necessary.
21. Justifications to disclose. Healthcare professionals should ensure that they are aware of any country-specific legal provisions or principles according to which the weighing of interests needs to be performed.
22. In situations involving disclosure to protect the overriding rights of third parties, each case must be considered on its merits. The test is whether the release of information to protect the interests of a third party exceptionally prevails over the duty of confidence owed to the patient in the public interest. Decisions to disclose patient identifiable information outside the health services where no obligation to disclose information exists, are matters of balanced judgment.

Factors to consider when reaching such a decision are, among others:

- the importance of the interest that is at risk without disclosure, for example, disclosure might be more easily justified where the life or integrity (physical or psychological) of a third party is at risk;
- the likelihood of the harm occurring in the individual case, that is, disclosure might be justified where there is a high likelihood of harm to the life of another, but not necessarily justified where there is a low likelihood of harm;
- the imminence of the harm, that is, disclosure might be justified where protection of the third party requires immediate action, but not where there is no more than a possibility that at some future point the patient might pose a threat to another;
- the existence of a sufficiently appropriate authority to whom the disclosure can be considered;
- the necessity of the disclosure to avert the harm, that is, that there is no possibility of averting the harm without disclosure;
- the likelihood that disclosure can avert the harm, which requires that the healthcare professional be satisfied that the harm to the third party or to the legally protected public interest is sufficiently likely to be averted by disclosure.

23. Disclosure to protect the best interests of the incompetent patient. Where a patient is incompetent, disclosure can be justified to protect the best interests of that patient. Whether the disclosure is justified in the individual case depends on a careful weighing of the patient's interest in having the confidentiality of his/her information maintained and the interests that are at risk without disclosure.

24. Good practice for justified disclosures. In all instances where judgment is involved, healthcare professionals are urged to discuss the case with colleagues without revealing identifiable details of the patient and, if necessary, to seek legal or other specialist advice. Most of the situations where decisions to disclose are reached require good communication with and support for patients whose confidentiality is to be breached. Once a decision to disclose has been reached the usual procedure would be as follows:

- An explanation of the reasons for sharing information should be given to the patient and/or their legal representative.
- The healthcare professional should encourage the patient (and/or where appropriate, their legal representative) to inform the relevant authority (for example, police or social services). If the patient or legal representative agrees, the healthcare professional will require a confirmation from the authority that such disclosure has been made.
- If the patient or their legal representative refuses to act, the healthcare professional should then tell them that he or she intends to disclose the information to the relevant authority or person. He or she should then inform the authority, disclosing only relevant information and make available to the patient and/or their legal representative the information that he or she has disclosed.
- Healthcare professionals who decide to disclose confidential information (with or without prior informing of the patient and/or their legal representative) should be prepared to explain and justify their decision to the authority if called upon to do so. The healthcare



professional should record in the healthcare record details of all conversations, meetings, and appointments involved in the decision to disclose or not to disclose such information.

The exception to this normal procedure is where informing the subject of the disclosure in advance that the disclosure will be made would prevent achieving the justified aim of the disclosure.

Security

25. Security. Given the healthcare professional's responsibility to maintain patient confidentiality, professionals should strive to ensure that appropriate policies and protocols are in place and operational in their institutions and among commissioners of services for maintaining the security of patient information.

Healthcare professionals should be mindful of strict privacy and security obligations when communicating with patients, their legal representatives, carers, and colleagues, particularly where indirect methods are being used such as telephones, e-mails, and faxes.



Subject: Gen 062 Latex Allergies

Purpose: To provide Guidelines to Medical Crew regarding a Latex-Free Environment.

Policy:

Jet Rescue recognizes the recent and growing number of reports of anaphylaxis and other allergic reactions from exposure to latex. The purpose of this policy is to provide guidelines to create a latex-safe environment for patients, including the prevention of unnecessary latex sensitization and exposure. This policy also serves as a guideline for the identification of latex allergy and the protocol for dealing with patients with known or suspected allergy/sensitivity to latex.

Application: All Jet Rescue Flights

RATIONALE

A latex-safe environment (the least amount of latex contact or exposure possible) should be provided for any patient who is either known to be latex sensitive or at risk for allergy/sensitivity due to a pre-existing medical condition or food allergies.

By preventing or minimizing latex exposure, the chance of developing an allergic reaction will be minimized. Allergic reactions ranging from mild contact dermatitis to respiratory/hayfever-type symptoms to anaphylactic shock. Frequent, chronic exposure may increase the risk for allergy development. Exposure occurs via four (4) methods:

- direct contact with latex-containing products
- indirectly by being touched by a person, such as a health care worker, who has latex particles on his/her skin surface from touching latex products
- inhalation of latex particles, especially from glove powder
- injection of solutions through latex-containing IV ports

SIGNS OF ALLERGIC REACTION

- Itchy eyes or Tachycardia
- Generalized pruritus, urticaria o Hypotension
- Nausea, vomiting, diarrhea, abdominal cramping o Wheezing, bronchospasm
- A feeling of faintness o Flushing
- Feeling of impending doom o Cardiorespiratory arrest Shortness of breath, chest pain or tightness o Facial or laryngeal edema



HIGH-RISK PATIENTS

Identify the following as patients with a higher risk and treat in a LATEX SAFE environment:

- a. Those patients with known or suspected allergy to latex, known allergic or anaphylactic Reaction, positive IgE antibodies against latex, or positive skin testing;
- b. Those patients having experienced intra-operative anaphylaxis of unknown etiology;
- c. Those patients with severe food allergies (includes but not limited to: banana, chestnuts, kiwi, celery, avocado, papaya, figs, potatoes, tomatoes, passion fruit), atopy (allergy) including hay fever, or product allergy;
- d. Cerebral palsy and ventriculoperitoneal (VP) shunts;
- e. Those with myelomeningocele, exstrophy of the bladder, or other major urologic anomalies who require frequent bladder catheterization or surgical procedures; or
- f. Those with paraplegia or quadriplegia, who require frequent bladder catheterization and/or manual bowel evacuation.

Procedure:

1. Latex allergy/sensitivity will be addressed at patient encounters. The initial interview will incorporate latex screening questions during the discussion of allergies. This will determine if the patient is in the high-risk patient population or is known latex-allergic.

Latex allergy can develop at any time, and negative testing at one time does not rule out the possibility of developing an allergy at a later time.

Listed below are questions that will help identify a latex allergy. An answer of YES to any of these questions should be communicated to the patient's physician, who will then consider implementing Latex Allergy Precautions

- A. Have you ever been told you have an allergy to Latex (Rubber) products?
 - B. When exposed to rubber products such as gloves, balloons, condoms, Band-Aids, or rubber toys, have you ever experienced: itching, swelling, sneezing, watery eyes, hives, wheezing, or other respiratory difficulties?
 - C. Have you ever experienced an unexplained reaction during surgery or other medical or dental procedures?
 - D. Have you ever had an allergic reaction after eating bananas, avocados, or other tropical fruits?
2. All Patients with latex allergy or sensitivity, or in the high-risk patient population, will have a bracelet noting LATEX ALLERGY.
 3. Patient Care is provided using Latex-Free products or by taking measures to avoid contact with items containing latex



Subject: Gen 063 Transport of patients with known Infectious Diseases

Purpose: To minimize the risk of transmission of an Emerging Infectious Disease to transportation personnel, Medical Crew, Flight Crew, Healthcare Workers (HCWs), Travel companions, or other patients during transportation of EID

Application: Transportation personnel, Medical Crew and Flight Crew, HCWs

Policy:

1. All personnel who transport patients will be trained in All Barrier Precautions (ABP) isolation procedures and decontamination of transportation equipment.
2. All transport Personnel including Flight Crew and Medical Crew must follow the following procedure.

Procedure

Universal Precautions will be followed to prevent Flight Crew exposure to infectious diseases. Precautions, such as the needleless system, Personal Protective Equipment, appropriate disposal of biomedical waste, and terminal cleaning of equipment and aircraft will be used to ensure the safety of the Flight Crew and Patient. Annual continuing education will be provided for flight crew in addition with ongoing updates of current information on standards and precautions needed to prevent exposure. All exposures or possible exposures will be reported immediately to the Director of Clinical Services or designee.

EVERY PATIENT WILL BE CONSIDERED POTENTIALLY INFECTIOUS.

Air Flow in Lear Jet Aircraft:

The nature of airflow in the Lear Jet does not allow the air to be contained or isolated from the cockpit or other areas of the aircraft. Because of this all crew members will need to protect themselves from airborne pathogens by using the appropriate masks/goggles.

SARSCOV-2 / Influenza and other viral respiratory infections (SEPTEMBER 2020 UPDATE):

- When a patient is suspected to have been infected by SARSCOV-2/ Influenza or any other respiratory virus, prior to patient contact, the crew must use appropriate technique PPE considering that the main risk is the inhalation of viral particles.
- Respiratory protection with N95 or equivalent mask properly fitted is **MANDATORY**.
- Gloves, eye protection (face shield or equivalent), and disposable isolation gowns are **MANDATORY**.



- If the patient tolerates; the patient must wear N95 mask or equivalent.
- Isopod isolation chamber with HEPA filter is recommended when the patient does not have an isolated airway (endotracheal intubation or balloon sealed tracheostomy), and the risk of aerosolization is high (ie High Flow oxygen, Nebulization's, active coughing, and does not tolerate N95 mask or equivalents).
 - *The use of an isolation chamber requires the following:*
 - a) Medical Director's approval*
 - b) Patient's consent or written authorization from the patient's power of attorney*
- For patients with endotracheal intubation or tracheostomy adequate balloon seal and HEPA filter attached to ETT is **MANDATORY**.
- Due to the high risk of aerosolization, HFO (high flow oxygen) therapy is NOT allowed inside the aircraft. A well-fitted NIV mask with a HEPA filter attached may be a suitable option.
 - *The use of NIV (Non-Invasive Ventilation) requires the following:*
 - a) Medical Director's approval*
 - b) Patient's consent or written authorization from the patient's power of attorney*
- The use of disposable shoe covers is NOT necessary and may add a risk of falling.
- Disposable hair cover protection is Optional.
- Use of disposable coverall is NOT necessary and may be used instead of disposable isolation gown if it's considered more comfortable. (May 2020 update).

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf

April 2020

- Aerosol generating procedures should be avoided inside the aircraft.
- In order to limit the viral exposure, patient's companions are not allowed, except when the patient is under 18 years of age, or in exceptional cases (discussed with medical director).

Transport of the Meningitis patient: Follows the same PPE for airborne unless a medical report has evidence that the patient is not infectious.

**Protective Personnel Equipment (PPE):**

Appropriate protective equipment will be worn to prevent blood and body fluid exposure. Protective equipment is located in the medical bags and is to be taken on every transport. Goggles and respiratory masks are to be utilized during flight to prevent exposure to the mucous membrane of the eyes, nose, and mouth. Both N95 masks and surgical masks will be provided to prevent exposure to airborne pathogens. Gloves/gowns are to be utilized during procedures where the hands and/or clothing are likely to come in contact with blood or body fluids.

Small sharps containers are available in medical bags. They are to be used to contain all contaminated needles, catheters, or sharp objects used during transport.

Eating or drinking, applying cosmetics, or inserting contact lenses:

Eating and drinking, applying cosmetics, or inserting contact lenses in the patient care areas where contamination of blood or body fluids can occur is discouraged. Hand sanitizer will be used after the removal of PPE. Passengers sitting in the back of the aircraft will be given hand sanitizer.

- During long international flights, crews will be allowed to have meals and hydrate after each leg (February 2020).
- Meals should be taken outside the aircraft in a well-vented area following FBO's and national sanitary regulations (February 2020).
- Patients can have meals at the same time inside the aircraft with the door open and assisted by one medical crew (using appropriately PPE) (February 2020).

The Medical Crew will only remove gloves, goggles, gowns, and mask after delivering a patient to receiving facility. Goggles, gloves, gown linen, and mask will be placed in the respective biohazard trash bag.

The Medical Crew will wash hands with antibacterial soap and decontaminate their hands with an alcohol hand rub.



Subject: Gen 064 Loading and Unloading Patients from aircraft utilizing the Life Port

Purpose:

To provide guidelines for safely unloading and loading patients into Learjet utilizing the Life Port System

Policy:

1. All Patients must be loaded/unloaded into Aircraft utilizing the Lifeport Plus System including Ramp.
2. Loading and Unloading Will be Performed under the Direction of the Medical and Flight Crew.
3. Loading /Unloading will be performed with the assistance of ground EMTs or other standby Personnel

Application: All Jet Rescue Flights

Procedure:

1. All aircraft shall load/unload their patient/s with the aircraft fully shut down.
2. Manipulation of the Door will be done only by either flight or medical Crew.
3. Ground EMTs are not allowed to Manipulate (Close-Open Door)
4. A "T" always must be placed in Learjet door prior to loading/unloading a patient.
5. The patient must be properly secured to Aerosled utilizing all belts and shoulder harnesses.
6. Life Port Ramp must be attached to Lifeport Base by Medical Crew or Flight Crew.
7. Flight and Medical Crew must always make sure that only one person is stepping at the door while loading/unloading a patient.
8. Feet always come in first.
9. One Medical Crew Member must receive patient inside the Learjet.
10. One medical Crew member must be outside the Learjet directing the sliding of the aircraft.
11. At least 4 people outside the aircraft will load the patient over the Life Port Ramp.
12. While directing the sliding the medical crew member standing outside must be closely watching the bottom of the Aerosled to prevent any tilting or obstacles.
13. After securing the Aerosled in the Base Medical crew will detach the ramp and store it in its compartment.



Subject: Gen 065 Preflight Preparation and in-flight duties

Purpose:

1. To set guidelines for the preparation of each mission.
2. To ensure the safety and comfort of the patient, companion(s), crew, and aircraft.
3. To ensure adequate medical care to patient in-flight

Policy:

Each medical crewmember will be responsible for performing the following procedure for each flight:

The night before or prior to takeoff:

- ✓ Telephone facility for the updated medical report; try to speak with the attending physician.
- ✓ Be at the office at least 2 hours before flight; be at the flight line at least one hour before departure.
- ✓ Check flight bags and equipment using appropriate checklists
- ✓ Have all mission documentation assembled
- ✓ Attend crew briefing, double-check itinerary, times, and ground transportation arrangements
- ✓ Verify that all crew members have passport/visa

Patient arrival/pickup:

- ✓ Perform a thorough assessment prior to accepting patient
- ✓ Safely load the patient, Jet Rescue personnel will direct all patient movement in and around the aircraft.
- ✓ Load and secure all baggage and belongings with the help of pilots, Patient must be accompanied by at least one medical crew member at all times.
- ✓ Load the patient into the aircraft with the assistance of pilots and other airport personnel.
- ✓ Secure all passengers and patient(s);
- ✓ Make sure all equipment and patient care records are on-board
- ✓ Reassess patient prior to startup/taxi
- ✓ Have ground ambulance wait until aircraft has taken off and cleared the area before leaving

During taxi/flight:

- ✓ Advise Mission Control Center you are taxing
- ✓ Give Safety briefing to passengers and patient (if appropriate) length of trip, and emergency procedures
- ✓ Advise Mission Control Center you are taking off and provide ETA
- ✓ Provide inflight care as needed or ordered and document everything on flight medical notes
- ✓ Take vitals every 30 minutes on stable patients or PRN on critical patients
- ✓ Provide passengers with catering, water, and any other needs.



Landing at destination:

- ✓ Advise Mission Control Center you are landed
- ✓ Give Passenger the quality assurance questionnaire once you have confirmed ground ambulance is waiting for you on the ramp
- ✓ Unload patient safely with the help of others
- ✓ Unload baggage with help of pilots
- ✓ Give medical records and belongings to ground transport personnel if not going bedside
- ✓ Obtain a signature from ground ambulance personnel if transferring care at the airport
- ✓ Give a copy of flight notes to ground ambulance personnel [yellow copy]
- ✓ If going Bedside ride with the patient to receiving hospital
- ✓ Take with you all the necessary equipment and always take the drug bag with you
- ✓ Give Report to Receiving Nurse or Doctor
- ✓ Obtain a signature on flight notes and patient belongings
- ✓ Leave a copy of flight notes at the hospital
- ✓ Obtain a face sheet if in the US or Canada
- ✓ Strip linens and clean stretcher and equipment with antiseptic
- ✓ Restock used supplies
- ✓ Secure all equipment to the stretcher
- ✓ Ride back to the airport either in the same ambulance or taxi.



Subject: Gen 066 Quality Improvement

Purpose:

1. To ensure that all patients receive unsurpassed medical care on board Jet Rescue vehicles
2. To ensure that all flights are conducted with the maximum safety and efficiency

Policy:

1. Jet Rescue will maintain an ongoing Quality Improvement Program with the following goals:
 - Ensure optimum patient care with accurate documentation of the same.
 - Promote ongoing comprehensive evaluation of Jet Rescue to identify problem areas and resolve them promptly.
 - Provide mechanisms for a thorough evaluation of the patient and/or family complaints.
 - Review general operations, specifically response times, ground times, and unforeseen complications to ensure realistic standards are determined and adhered to.

This plan will be reviewed annually by the Medical Director /Program Director, Director of Operations, and revised as necessary. Chart audits and monthly volume indicators will be done by the Director of Operations, the Medical Director, and an associated flight crew member. 100% of all monthly patient charts will be audited.

Application: All Jet Rescue Flights

Procedure:

2.1 The mechanisms used to meet the aforementioned goals include flight review, chart audits, and volume indicators.

2.1.1 Flight Review:

2.1.1.1 The crew will note on the Flight Log any problems or unusual occurrences in the following areas:

- A. Dispatch information.
- B. Patient pick up.
- C. Return flight.
- D. Off loading.

2.1.1.2 Flight reviews will be part of the monthly chart audit. Information will be used to redesign present standards of care and operating procedures as needed.

2.1.2 Chart Audits:

2.1.2.1 Monthly review of the quality and appropriateness of patient care via chart auditing will be done by the Medical Director or designee. 100% of all monthly charts will be audited. Variances in standards will be noted, compiled, and reviewed to differentiate between isolated



occurrences or trends in the delivery and documentation of care. Corrective action, as needed, will be taken. Long term review of charts will demonstrate the effects of corrective action.

- 2.1.2.2 Chart Audit is divided into two parts:
- A. Chart Audit and
 - B. Variance Follow-up.

2.1.2.3 *Chart Audit:*

- A. Each of the criteria of the Chart Audit must be documented to be in compliance. Anything less constitutes a discrepancy and requires an explanation.
- B. The auditor will sign and date the audit sheet.

2.1.2.4. *Variance follow-up:*

- A. The Medical Director will be promptly apprised of all the variances gleaned from Chart Audits by the Chart Auditor.
- B. The Medical Director will conduct a review into all charts with variances to identify the problem and causes leading to the variance and to ascertain if corrective action is necessary.

2.1.2.5 A monthly Chart Audit sheet noting the frequency of all variances will be completed.

2.1.2.6 The results of the corrective action will be noted one and three months later to determine long-term effectiveness. Monitoring of effect of corrective action will continue until a resolution is reached.

2.1.3 Volume Indicators:

2.1.3.1 Monthly statistics will be compiled for types of transports and patients transported.

2.1.3.2 Aborted, canceled, and missed flights will be noted.

2.1.3.3 Scene times, including length of ground time and reason(s) why will be noted and reviewed.

2.1.4 Patient/Family Complaints:

2.1.4.1 Any patient or family complaint will be documented as a critical indicator on the patient's Chart Audit.



2.1.4.2 A prompt investigation of the complaint will be initiated by the Medical Director or designee.

2.1.4.3 Resolutions will be documented on the patient's Chart Audit.

2.1.4.4 Copies of all documentation or correspondence regarding the complaint will be included in the patient's folder.

2.2 Copies of the Monthly Quality Improvement reports will be provided to the Medical Director, Chief Flight Doctor/Program Director, and QI evaluator.

2.2.1 Monthly QI reports will be completed in a timely manner and will be turned in by the 25th day of the next month.

2.2.2 Flight Charts having critical indicators will be reviewed by the Director of Operations and charts will be given to the Medical Director for further evaluation and used as chart review at monthly staff meetings

JET RESCUE QI INDICATORS. SECONDARY SCREENS.

MEDICATION ERRORS/ADVERSE DRUG REACTIONS

- Medical Control was notified immediately.
- Vital signs checked immediately.
- Drug allergies.
Patient with adverse reactions and its management:
 - * Drug and dosage that was given.
 - * Patient response.
 - * Assessment recorded.
 - * Treatment is given.
- Medical Director notified.
- Risk Management Report notified.
- Pharmacy notified.

TREATMENT/PROCEDURE ERROR

- Physician notified.
- Medical Director notified.
- An attempt was made to correct the error.
- Appropriate patient interventions were made.
- Risk Management Report completed.



PATIENT/FAMILY COMPLAINT

- President notified.
- Patient Representative notified.
- An attempt was made to resolve the complaint.
- Risk Management Report completed.

EXTENDED GROUND TIMES/TAKE OFF TIMES

- Ground time 30 minutes on scene calls (Airport Pickup).
- Ground time 90 minutes on hospital transfer.
- Take off time within 45 minutes.
- Justification documented on Flight Log.
- Documentation of delays on patient's record.
- Transport of crew to and from the hospital by ambulance.

THROMBOLYTIC THERAPY VARIANCE

- Administration via a volumetric pump.
- Dosage and rate documented – to include the concentration of TPA mixture, time bolus and drip initiated, and time of infusion rate changes.
- Venipuncture minimized – number documented.
- Patient assessed for bleeding and dysrhythmias/intervention taken.
- Heart Institute notified of variance for follow-up.

CPR IN FLIGHT

- Documentation of:
 - * History of the episode.
 - * Previous medical history.
 - * Treatment prior to arrival, including medications and doses, defibrillation, etc.
 - * Time CPR started.
 - * Airway established – time, method, breath sounds checked.
 - * Monitor pattern – strip on the chart.
- Quality of CPR assessed by palpation of pulse.
- Medical Control notified.
- House Supervisor notified.
- All patient procedures documented.

PRECIPITOUS DELIVERY

- Medical Control was notified immediately.
- Documented of:
 - * Ongoing assessment including duration and frequency of contractions.
 - * Rupture of BOW – include color, odor, amount.
 - * Presenting fetal part
 - * Apgar scoring
 - * Time of Delivery



- * Procedures implemented for the infant after delivery: airway, temperature maintenance, etc.
- * Procedures implemented for the care of mother after delivery including presence or absence of vaginal tears, amount of bleeding, condition of cord and placenta.
- Chief Flight Doctor notified.
- Continued documentation of both patients' condition and interventions required as well as the patients' response to those interventions.
- Once the infant is delivered, a separate assessment form is to be maintained on the infant as it is a separate patient.

FETAL MONITORING

- Documentation of:
 - * Ongoing assessment including duration and frequency of contractions.
 - * Ongoing assessment of fetal heart rate including Fetal Heart Rate
 - * Baseline Variability including Short term Long Term Periodic changes:
 - * Acceleration
 - * Deceleration
 - * Non-periodic changes
- Monitor strips documented
- Any variance from use of monitor and justification documented.

INCIDENT/RISK MANAGEMENT

- Chief Flight Doctor notified immediately.
- Medical Control is notified immediately as appropriate.
- Risk Management Report completed.

PATIENT DETERIORATION

- Medical Control notified immediately.
- Vital Signs checked immediately and monitored every 5 minutes and PRN.
- Documentation includes:
 - * Ongoing patient assessments
 - * Medication or treatment interventions
 - * Patients Response to interventions

DISCHARGE/DEATH WITHIN 24 HOURS

- Patient follow-up will include:
 - * Treatment /Interventions at receiving facility.
 - * Results of treatment or evaluation.
 - * Final diagnosis.

CHARTING VARIANCE

Any charting variances will be noted. Ongoing assessment monthly staff meetings.



Subject: Gen 067 Fetal Heart Monitor on Physician Accompanied Flights

Purpose:

1. To provide a systematic, standardized method of preparation and transport of high-risk obstetrical patients requiring fetal heart monitoring.
2. To provide guidelines for accurate assessment and documentation of fetal heart monitor strips.

Policy:

1. High-risk obstetrical patients requiring transport by Jet Rescue will be transported according to the procedure outlined below.
2. Fetal heart monitor strips are considered when it is an obstetric patient.
3. An ultrasound monitor can be used to assess fetal heart rate.

Application: All Jet Rescue High-Risk OB flights

Procedure:

1. Procedure for applying straps, transducers, and connecting monitor to patient.
 - 1.1 Upon receiving a page from Mission Control Center the fetal heart monitor will be taken by the flight crew from the Storage to the aircraft and plugged into the AC outlet prior to patient transport from Labor and Delivery.
 - 1.2 The flight crew will obtain fetal heart monitor cables with ultrasound and TOCO transducer and belts from the Air ambulance and take them to the patient's bedside.
 - 1.3 TOCO transducer will be located at the top of the fundus and the ultrasound transducer will be located at the point of the maximum fetal heart tone and will be secured by Velcro straps.
 - 1.4 Once the patient is loaded into the aircraft, the TOCO and ultrasound cables will be connected to the fetal heart monitor in the aircraft prior to take off to locate the loudest heart tone.
 - 1.5 Turn fetal heart monitor on and run continuous strip of heart rate and uterine activity throughout flight.
 - 1.6 Upon arrival at the receiving facility, disconnect monitor straps, and transducers. Leave monitor in the aircraft and transport the patient to the receiving unit.
2. Procedure for documentation of assessment of fetal heart rhythm monitor strips.
 - 2.1 On initiating monitoring, document initial baseline description of fetal heart rate (FHR) pattern using the Fetal Heart Monitoring Interpretation Form.



2.1.1 Included in this description is the FHR. variability, periodic changes, and contraction patterns.

2.2 Note any changes in FHR in the flight notes.

2.3 Interventions such as medications, IV fluids, position changes, etc., should be noted on the monitor strip and flight notes.

2.4 In flight notes, note type of monitoring used; i.e.: US/TOCO. Corometrics monitor model #145.

2.5 Fetal heart monitor strip will be placed on the chart in a permanent record.

2.6 Abbreviations for charting External Fetal Monitoring (EFM)

2.6.1	EFM	External Fetal Monitoring
2.6.2	FHR	Fetal Heart Rate or Rhythm
2.6.3	US	Ultrasound (external)
2.6.4	TOCO	Tocodynamometer (external)
2.6.5	UC	Uterine Contraction
2.6.6	BL	Baseline FHR
2.6.7	bpm	Beats Per Minute
2.6.8	LTV	Long Term Variability; present $\geq 6 - 10$ beats/min
amplitude and 3 – 6 cycle change/min		
2.6.9	LTV	Long Term Variability absent, ≤ 2 bpm amplitude and 3
cycle changes		
2.6.10	LTV	Long Term Variability decreased $\leq 6 - 10$ bpm, amplitude
and ≤ 3 cycle changes/min		
2.6.11	LTV	≥ 15 bpm amplitude
2.6.12	LTV Marked	≥ 25 bpm amplitude
2.6.13	STV+	Short Term Variability present; roughness of tracing line
present		
2.6.14	STV Ø	Short Term Variability absent, tracing line is smooth.
2.6.15	STV inter	Short Term Variability intermittent, and during a ≥ 10 min
observation		
2.6.16	Late Decel	Late Deceleration
2.6.17	Early Decel	Early Deceleration
2.6.18	Var Decel	Variable Deceleration
2.6.19	Prolonged Decel	Deceleration lasting over 2 minutes.
2.6.20	If any one of the examples above continues as written, the subsequent note would state pattern continues	



Subject: Gen 068 Pregnancy while working at Jet Rescue

Purpose:

1. To ensure ongoing evaluation of the pregnant flight crew member's ability to perform the duties and demands of aeromedical transport.
2. To provide guidelines for OB physician follow-up and obtainment of medical release to continue flight duty.

Policy:

The following procedure will be adhered to in the event of pregnancy for medical release to continue flight duty.

Application: All Pregnant Employees

Procedure:

1. It is the responsibility of the individual flight crewmember to:
 - 1.1 Inform the CFN immediately upon confirmation of pregnancy.
 - 1.2 Obtain an OB physician if not already followed by one and make initial visit.
 - 1.3 A written note of permission to continue flight duty must be obtained at the following intervals:
 - 1.3.1 Initial visit.
 - 1.3.2 Three month visit.
 - 1.3.3 Five month visit.
 - 1.3.4 Six month visit.
 - 1.3.5 Seven month visit.
 - 1.3.6 Beginning at 32 weeks, weekly written permission must be provided.
2. In the event of any complications, the crew member will be removed from flight duty until a written note of permission to resume flight duty is obtained by their physician.
3. In the event, the crew member must be removed from flight duty for the remainder of their pregnancy, either for medical reasons or the inability to appropriately perform their job duties, Hospital Paid Time Off, Extended Ill, and Leave of Absence policies will be adhered to.



Subject: Gen 069 Ambient Temperature Monitoring

Purpose: To maintain adequate temperature on all our patients while being transported

Policy: The interior of the aircraft or ambulance will be climate controlled to avoid adverse effects on patients and personnel on board.

Application: All Jet Rescue Aircraft

Procedure:

1. Medical Crewmember must request the pilots to either turn on the fan (AC) or the heater to maintain a cabin temperature of about 80 degrees F or 27 C
2. Jet Rescue Air Ambulance crews will utilize the following measures to limit a patient's exposure to temperature extremes:
 - a. Double-layered emergency blanket is to be utilized during winter on all patient missions.
 - b. Insulated wrap or similar patient wrap (top and bottom) is to be utilized when temperatures are forecasted to be 40 degrees F or less.
3. Cabin temperatures must be measured and documented every 15 minutes during patient transport utilizing a thermometer mounted inside the cabin.
4. Cabin temperature must remain comfortable around 80 degrees, for everyone on board, and Air conditioning must be utilized on all flights.
5. Cabin temperature when transporting severely burn patients must remain hot with temperature over 30°C – 40°C, this can cause everyone on board to dehydrate, consider taking plenty of water prior transport.
6. Measures and outcomes documented in special reports will be monitored by the Jet Rescue Air Ambulance administration as part of the quality management program.



Subject: Gen 070 Responsibility to request relief from duty when feeling excessively fatigued or inadequately rested

Purpose: To establish guidelines and criteria as to when to request relief from duty.

Policy: Fatigued personnel can be removed from service, and/or backup personnel identified to assume flight duty should a crew member become excessively fatigued or otherwise unable to perform optimally at any time.

Application: All Jet Rescue Staff

Procedure:

1. Any Crew Member feeling excessively fatigued must immediately notify his/her supervisor either in person or by other means and request to be relieved from Duty.
2. The supervisor must accept this request and should call in a standby crew member to relieve from Duty.



Subject: Gen071 Medical and Flight Crew Marketing while on a flight

Purpose: To define marketing activities for the Medical and Flight Crew while flying on a Jet Rescue Aircraft.

Policy

Medical and Flight Crew Members are expected to be marketers on each and every flight without compromising patient care or safety.

Application: This policy applies to all Jet Rescue Air Ambulance Flight and Medical Crew

Procedure:

1. Jet Rescue will provide each crewmember with personalized business cards and hopefully, we will have to reorder them very soon!
2. Marketing material like brochures and other items must be onboard aircraft on every flight. It is the responsibility of the flight paramedic or nurse to restock this material after every flight.
3. If mission permits the Medical Crew members will leave Jet Rescue Promotional material to the ground ambulance service and to both receiving and sending hospitals.
4. If mission permits the flight crew members will leave Jet Rescue Promotional material at the "Comandancias" and "Seneam" offices.
5. Each of our clients on board the aircraft will receive at least a business card from the crew, it is preferable to hand out brochures and other marketing gadgets.



Subject: Gen 072 Ground Ambulance Driving

Purpose: To provide guidelines that assure that our ground ambulance drivers operate the emergency vehicle in a safe manner

Application: All ambulance drivers

Policy:

Driver Qualifications

Age & Experience: There should be a minimum age and experience limit. It may vary, however, history has shown that it is best to begin training a driver after they have reached their 23rd birthday. Also due to the heavy stress related to emergency vehicle driving, a person should have at least 3 years of driving experience before being permitted to operate emergency vehicles. They should have also undergone at least the basic EMT training or 3 years as a first responder. Or any other medical emergency course approved by the Jet Rescue Air Ambulance board,

Past Driving Record: A person's previous driving history has been found to be a good indicator of future accident history. Drivers should be screened, utilizing standard set by the Jet Rescue at least annually.

Driver License: Any candidate for a driver should present a currently valid driver's license which is of adequate classification to meet the local laws as stipulated in the traffic act. A photocopy of the license should be maintained in the potential driver's file. Upon expiration, the driver should be required to present the new license for copy and filing. – It is also recommended that the employer should sponsor the driver for renewal of the drivers' license.

Physical Condition: All drivers should be subject to a periodic medical evaluation to determine that the operator is fit to perform driving duties.

Driver Training

At a minimum, each driver candidate should:

1. Pass a written test covering organization guidelines for driving, knowledge of response area, the traffic act, and general information regarding the vehicle.
2. Actually drive the vehicle several times with an experienced driver along. Initially, driving should take place in an empty parking area. Only after the experienced driver feels that the candidate is able to handle the vehicle properly, should they be permitted to operate on public roads. The candidate should be required to train on all different types of roads within the response area including residential roads, commercial areas, and limited access pathways.



3. Pass a final road test, which should include turning, backing, distance and clearance judgment, braking, parking, turnarounds, and operations on any special pathway specific to the response area. Knowledge of dashboard gauges and warning lights should also be tested. If maintenance or refueling is part of a driver's normal duties, the practical test should include these subjects as well.

Vehicle Operation

This section should begin with a statement regarding the fact that the vehicles should never operate "Lights and Sirens", "Code 3", unless they are responding to a true emergency and then, only with due regard for other vehicles.

TRUE EMERGENCY:

A situation in which there is a high probability of death or serious injury to an individual, and action by an emergency vehicle operator may reduce the seriousness of the situation.

DUE REGARD:

Driving in such a manner so as to avoid any predictable collision.

The organization should develop individual standards covering such items as safe driving during both emergency response and non-emergency travel. These standards should always emphasize that the safe arrival of the vehicle at the emergency scene is the first priority. Items listed here should include specific criteria regarding vehicle speed, crossing intersections, and the use of emergency warning devices.

Before any operation, the operator should be required to:

- Check around the vehicle to see that there are no obstructions, all compartment doors are shut, clearance is adequate.
- Ascertain that all passengers are seated and secured with seat belts.
- Turn on lighting appropriate for the exterior light conditions, although it is recommended that the headlights be utilized at all times while the vehicle is in motion.
- Before backing, a spotter must be in place to assist. No vehicle should be moved in reverse without a competent spotter in place.

During non-emergency travel:

- a) Drivers should obey all traffic control signals, speed limits, and rules of the road of the jurisdiction involved.
- b) Emergency warning lights should not be on.
- c) No audible signals should be used except for the horn in an emergency.
- d) The vehicle should come to a complete stop at all red lights and proceed only when the driver is certain it is clear.



During emergency response:

1. Drivers should bring the vehicle to a complete stop and proceed only when safe under the following circumstances:
 - a) When directed by a law enforcement officer
 - b) Red traffic lights
 - c) Stop signs
 - d) Negative right-of-way intersections
 - e) Blind intersections
 - f) When the driver cannot account for all lanes of traffic in an intersection
 - g) When an intersection is not completely clear of traffic or pedestrians
 - h) When encountering a stopped school bus with flashing lights
 - i) At a zebra crossing
2. Drivers should proceed through intersections only when the driver can account for all lanes of traffic.
3. Vehicles should not attempt to circumvent any traffic law without the use of audible and visual warning devices.
4. Extra space should be maintained between two emergency vehicles traveling in the same direction. Traffic will likely begin to move after the first vehicle has exited the intersection, making it imperative for the second vehicle to come to a complete stop. Escorts should be discouraged for this same reason.



Subject: Gen 073 Dealing with Media

Purpose:

To provide guidelines that assure an adequate relationship between Jet Rescue and the Media

Application: All Jet Rescue Staff

Introduction

Health and Jet Rescue Air Ambulance are particularly newsworthy. Both nationally and internationally, the company is also of interest. Every situation and activity Jet Rescue Air Ambulance initiates or becomes involved in is of potential interest to the media and can be subject to journalists' own interpretations and misrepresentation of the facts. Many individuals and organizations also want to make comments and claims about the company in public. Jet Rescue Air Ambulance provides a very positive service and every member of staff has a role to play as its ambassador.

In support of the responsibility of individual managers to communicate with staff, Jet Rescue Air Ambulance's Communication Strategy will ensure communication channels are in place that will keep staff informed about the day-to-day activities of Jet Rescue Air Ambulance including new services, bases, and departmental and personal achievements.

The Marketing Department will ensure such news is used to produce a pro-active PR program for the media, both written and broadcast. This will help to counteract the possible negative view of Jet Rescue Air Ambulance that could be created by the media and importantly retain public confidence in local health services.

The media policy and procedures, by establishing clear, factual, and consistent lines of communication to the media will keep the community informed about the activities of Jet Rescue Air Ambulance and the challenges it faces, as it helps people to understand its values and objectives.

Policy:

Dealing with the Media

It is important that lines of communication to the media are well defined and clearly understood to avoid confusion and 'mixed messages'. To this end only authorized Jet Rescue Air Ambulance personnel are permitted to either initiate or respond to media inquiries by giving corporate opinions and details of Jet Rescue Air Ambulance procedures and/or activities. All other personnel is not authorized. The Marketing Director has overall responsibility for media relations.

Contacts between the media and Jet Rescue Air Ambulance are to be routed through the company's appointed Marketing Manager or Director. The Marketing Director will obtain full details of the nature of the inquiry before contacting the appropriate authorized Jet Rescue Air Ambulance personnel.



Communications with the media will, wherever appropriate, involve partner organizations and be linked to internal communications to ensure staff does not learn about developments in Jet Rescue Air Ambulance from the media. All inquiries from journalists relating to any issue likely to impact another organization will be shared with the appropriate communication lead to stop one part of Jet Rescue Air Ambulance from being played off against another.

Jet Rescue Air Ambulance will be proactive in securing and developing positive PR opportunities throughout the media spectrum that is available.

Where appropriate, news of Jet Rescue Air Ambulance's work will be targeted at the national consumer media, printed and broadcast, and the professional press.

Procedure

1. Authorized Personnel

The Marketing Director will talk to the media on all corporate Jet Rescue Air Ambulance matters. The Chairman will also be available to respond as and when appropriate. The Executive Directors and General Managers will be prepared to answer questions concerning their particular areas of responsibility or enable an appropriate senior member of staff to do so so that an absence does not result in the lack of a reply. An inquiry that goes unanswered is likely to portray a defensive and negative position. Media inquiries regarding condition reports on patients will be dealt with by the appropriate General Manager or Director of Operations and out-of-hours, by the senior manager on-call.

2. Unauthorized Personnel

Unless specifically authorized by a Marketing Director no member of staff is to speak to the media on behalf of or where they may be perceived to be representing Jet Rescue Air Ambulance.

If contacted by the media, members of staff will refer the inquiry to the Director or the company's Marketing Department.

3. Out-of-Hours Cover

If contacted by the media out-of-hours, members of staff will transfer the call to the on-call senior manager. The senior on-call manager will deal with condition checks on patients.

4. Condition Checks

A condition check is only given by a General Manager or the Director of Operations and out-of-hours by the on-call senior manager and only if;

- The journalist has a name and either address or date of birth to correctly and unambiguously identify the patient.
- Hospital staff obtains verbal consent from the patient that such information can be given to the media.
- No detail of injuries should be provided or confirmed.
- No information will be given regarding dates of admission or discharge of Hospital
- Numbers or names where the patient is hospitalized.



5. Public Information

All recommendations for proactive distribution of 'public information' are to be discussed with a Marketing Director/General Manager of Jet Rescue Air Ambulance's Marketing team.

6. Personal Comments

Jet Rescue Air Ambulance recognizes that employees may have personal opinions they might want to express to the media. Employees must recognize that Jet Rescue Air Ambulance has its own corporate comments and opinions. It is vital that these are not confused. If a member of staff is asked for a comment on any Jet Rescue Air Ambulance issue and they wish to respond they must make it clear that what they are saying is their own opinion and that they are not speaking for Jet Rescue Air Ambulance.

If a member of staff is asked for a comment in their capacity as a representative of a union or recognized staff group they must make sure that their comments represent the feelings and views of that group and are not just their personal opinions.

No member of staff is allowed to give details that may prejudice the confidentiality of patients and their relatives.

Jet Rescue Air Ambulance might not support an unauthorized member of staff who appears to make or makes comments on behalf of the company. Staff should be aware that that is unjustifiable.

Disclosures to the media may result in disciplinary action and can undermine public confidence in Jet Rescue Air Ambulance. Staff thinking of contacting the media is advised to first seek further specialist guidance from professional organizations, line managers, colleagues or an independent advisor before doing so. Jet Rescue Air Ambulance will consult with staff before drawing up local policies and procedures so that proper mechanisms exist to ensure that staff concerns are effectively dealt with without reference to the media.

All established internal mechanisms should be used to resolve staff concerns and grievances prior to staff resorting to the media to solve the problem. An approach to the media rarely solves the problem and can undermine public confidence.

7. Media Conferences

Where appropriate, Jet Rescue Air Ambulance will hold media conferences to make its announcements, give detailed background information and answer direct questions in a controlled environment. Media conferences will be attended by appropriate personnel who are immediately involved in the issue. Journalists will be given press releases reinforcing the content of the conference. Photo opportunities will also be made available when appropriate. Time will be allowed for radio and television interviews. Media conferences will be timed together with any internal announcement that is being made and the venue will be relevant to the announcement.

8. Media Attendance at Jet Rescue Air Ambulance Board Meetings

The media are invited to attend all Jet Rescue Board meetings that are held in public. Copies of



9. Consent to Filming and Photographs

Agreement to filming will be sought from the Marketing Director and a copy of the Ground Rules for Filming in the Hospital or Airport given to the Manager of the area and staff involved. The rules outline do's and don'ts for the reporter and camera crews. The Chief Executive will be kept informed of all requests for filming. Before filming, written consent must be obtained by the media from patients and relatives/carers being filmed and photographed.

10. Hangar Access to the Media

The media has no right to access Jet Rescue Air Ambulance premises. Any journalists who arrive unannounced will be intercepted and taken to an appropriate office until a member of the Marketing Team arrives or, out-of-hours, a senior manager arrives. The Chief Executive and Marketing Director will immediately be informed. Members of the media will be escorted to and from the premises at all times. The Chief Executive and Local Security Management Specialist will be informed about planned visits to the site by members of the press or a member of the Communications Team.

11. Celebrities

Jet Rescue Air Ambulance will be aware of any patient who is of particular interest to the media, for example, a celebrity. Special vigilance will be used to prevent unwanted intrusion by the media into that person's privacy. All staff will have a role to play in protecting the patient, as journalists are unlikely to identify themselves. Jet Rescue Air Ambulance will encourage the celebrity's agent to be the main source of information for the media.

12. Dealing with the National Media

This media category falls broadly into two camps. The quality press, TV, radio, and the popular tabloids (frequently represented by news agencies and freelance journalists and photographers).

In any event journalists from these organizations will only be referred to the Chief Executive and/or Director of Operations. Where appropriate other members of staff will be authorized to talk to the media. The Director of Operations will brief the member(s) of staff and where possible be present at the interview along with the head of the department. This is to ensure that the position of Jet Rescue Air Ambulance is safeguarded and to support the interviewee in what is likely to be unfamiliar circumstances.

13. Media Training

All staff who is authorized to talk to the media should receive media training.

14. Presence at Inquest

An Inquest Coordinator (General Manager for the area concerned) will attend inquests to support staff in the face of media interest. The company will prepare statements and take all media calls on completion of the inquest.

Where a higher than normal level of media interest is expected, the senior manager will contact Jet Rescue Air Ambulance's Head of Communications to discuss if their presence is needed at the inquest.



15. Freedom of Information (FOI)

Any request for information under the FOI Act or any request for information that may fall under FOI, must be passed immediately to the company's FOI Lead, the Information Governance Manager. The Lead contacts the person or department holding the information, checks for any exemptions that may apply and liaises with the Communications and Governance Teams, and ensures it is provided to the applicant in 20 working days.

16. Review and Monitoring

The Marketing Director in conjunction with Board will regularly review this policy and procedure.

Ground Rules for Filming

- ✓ The film crew will only interview staff that has been put forward and agreed by Jet Rescue Air Ambulance.
- ✓ The film crew will only interview patients who have given consent prior to the filming.
- ✓ If for some reason, Jet Rescue Air Ambulance asks the film crew to stop filming, it must do so.
- ✓ If Jet Rescue Air Ambulance asks the film crew to withdraw from the area due to a clinical emergency, it must do so.
- ✓ At least one member of Jet Rescue Air Ambulance's Communications Team will be present throughout filming.

Noise, disruption, and impact on the delivery of care to other patients will be kept to the minimum required for the filming to be successfully completed.



Subject: Gen 074 Medical Crew Rest

Purpose: To ensure adequate medical crew rests while on duty and between shifts.

Policy:

No medical staff will be permitted to return to duty for a minimum of 12 hours following a 24-hour transport duty shift (air or ground).

Application: All Jet Rescue Medical Staff

Procedure

1. It is recommended that all staff return to work rested with a minimum of eight hours off duty prior to their shift.
2. Staff may elect to take more than 8 hours if they have been held over due to a long or late mission.
3. Staff is responsible for notifying on-duty the Team Leader if their duty hours need to be adjusted.
4. It is the responsibility of each medical staff to recognize his/her physical limitations. If fatigue becomes a factor, all staffs have the option of calling in relief staff.
5. Medical crew shifts may be scheduled for a maximum of 24 hours. It is recommended that duty shifts not exceed 28 hours.
6. Recommendations for the length of duty shift should be considered when taking late or long mission requests.
7. It is recommended that ground operators not drive more than 10 hours during any duty shift.
8. It is recommended that all authorized staffs share driving responsibilities as able in order to comply with the previous recommendation.

CAMTS 06.03.01



Subject: Gen 075 Inflight Resuscitation

Purpose: Delineates medical crew actions and responsibilities while managing in-flight cardiac arrest and trauma resuscitation.

Policy:

1. All patients should be prepared and packaged considering clinical deterioration.
2. Managing in-flight cardiac arrest and unstable trauma patients requires teamwork, planning, and extensive training to ensure a quick effective resuscitation. This can only be accomplished with a structured approach to assessment, diagnosis, and intervention.

Application: Flights with a patient on Cardiac Arrest

Procedure

Patient Assessment Limitations:

1. Ambient cabin noise precludes the use of auscultation as an assessment tool for Endotracheal Tube (ETT) placement. In the perfusing patient, capnometry, LUS (Lung Ultrasound) chest rise, and careful attention to where the tube is secured at the teeth are essential in the continuing assessment of ETT placement.
2. Cardiac arrest of poorly perfused states results in a decrease or absence of detectable EtCO₂ rendering capnometry unreliable. The absence of EtCO₂ in this situation should not be mistaken as an absolute indication that the ETT is not in the proper position. In the newly arrested or poorly perfusing patient the absence or loss of detectable EtCO₂ should be quickly followed by an assessment of chest rise, free aspiration of air from the ETT, and finally direct visualization of the ETT passing through the vocal cords. The concurrent loss of detectable EtCO₂ in the newly arrested patient should not automatically result in the removal of the ETT.
3. If at any time during the assessment the ETT is thought to be dislodged from the trachea, it should be removed and the patient bag-mask ventilated or use Supraglottic device. **(Use High-efficiency HEPA filter attached to VBM March 2020 UPDATE)**
4. Capnometry may be used as an early indicator of the spontaneous return of circulation and should therefore be left in place and monitored during cardiac arrest.
5. Ambient cabin noise severely limits the use of audible alarms in flight. To ensure early detection of cardiac arrest or patient deterioration the medical crew must scan the patient and monitor frequently.
6. Ambient cabin noise precludes identifying pneumothorax via auscultation. A high index of suspicion and meticulous pre-flight assessment must be used to identify patients that may require needle decompression in flight. Patients in extremis with chest injuries or a high probability for pneumothorax may require needle decompression to rule out the pneumothorax



as the cause of their deterioration. The affected side should be needled first and if there is no improvement the other side should then be needled.

7. Vibration may cause inaccurate readings and artifacts from diagnostic equipment. Changes in ECG, heart rate, blood pressure, EtCO₂, etc. should be confirmed by complementary assessments such as palpation of pulses, Doppler pulses, capillary refill, etc.

Patient Treatment Limitations:

1. In-flight intubation requires practiced skills and teamwork to ensure a successful outcome. One crew member should take a position at the head of the patient and bag to ventilate while the other crew member acts as the assistant and prepares equipment for the intubation. When all equipment and patient is prepared, a crewmember will perform the intubation with assistance from the other medical crewmembers. While one of the crewmember's efforts for that period of time is focused on the intubation, it is essential that the assistant crewmember scan the monitors for arrhythmia's decreasing, SaO₂, and condition changes during the procedure.
2. The transport ventilator may be used to allow both crewmembers to perform other interventions such as defibrillation and medication administration.
3. Closed chest compression from a properly restrained position may be difficult depending on the size of the patient and crew member. Federal Regulations require all passengers to have their seat belt and shoulder harnesses fastened during take-off and landing. If the crewmember must come unrestrained during the flight, the pilot must be informed.
4. Needle decompression of the chest may be difficult to perform and will require the crewmember to perform the procedure unrestrained. The crewmember must notify the pilot if they become unrestrained.

In-Flight Cardiac Arrest Procedures:

1. Existing guidelines, protocols, procedures, and policies shall be used while resuscitating patients in flight.
2. Assessment of patients that arrest or suddenly deteriorate should include:
 - Patency of airway
 - Adequate ventilation
 - Oxygen delivery
 - Rhythm changes
 - Palpable pulse
 - Pacer function
 - Fluid status
 - IV patency
 - Equipment function/failure
3. The receiving facility should be advised of the patient's condition as early as practicable. Additional equipment and personnel should be requested as needed.



Subject: Gen 076 Duty Time Requirements for Long–Distance Flights

Purpose: To define crew rest expectations.

Policy

1. Jet Rescue Air Ambulance will not accept a transport that will take beyond a 14-hour duty time 10 hour flight time unless Provisions are made to have a second flight crew meet the first crew at an intermediate point.
2. The flight crew will have a minimum of ten (10) consecutive hours of rest before reporting for duty.
3. On transport missions requiring overnight stays, a minimum of eight (8) hours of scheduled uninterrupted ground time is required for medical crew rest.
4. Special situations or circumstances which will potentially extend the crew past the 14-hour duty time must meet the following criteria.
 - a. Patient care will not extend beyond 14 hours, unless the risk for handover exceeds the risk to continue, with prior medical director authorization. (i.e. ECMO team with crashing patient)
 - b. Prior to departure, a plan is formulated to relieve the transport team at 14hours and return them to base (or hotel accommodations arranged).
 - c. LOC is notified of the plan and approves it.
 - d. LOC is notified and approves of any deviation of the above plan.

To establish the length of the mission the Duty Time Tool will be utilized.

When a mission is turned down for Duty Time requirements details will be documented in Mission Control Log Book and a completed Duty Time Tool.

Application: This policy applies to all Jet Rescue Air Ambulance Flight and Medical Crew

Procedure:

Rest Periods for Long-Range and/or International Flights:

This time is **exclusive** of pre-departure hospital visit time, pre-departure to and from the airport and/or hospital, and mealtime. Except in extremely unusual circumstances, such as situations where the safety of the crew or patient warrants immediate action, this rest period will be provided to ensure that patient care is not compromised because of fatigue. If teams identify situations during the transport that may require adjustment to the planned itinerary due to circumstances not known or considered during the planning phase of the transport, i.e. extended ground transport times, extended patient care time at transferring facility, medical team fatigue, or any other factor that may interfere with medical team rest periods or may require additional rest periods, they must notify the flight coordinator and flight operations for planned itinerary times to be adjusted accordingly.



Rest periods following a transport prior to departure on a subsequent transport are governed by the following guidelines:

1. Transport time is defined as the time from the base of operation departure to the base of operation return.
2. Rest time must be not interrupted by activity regarding the subsequent transport
3. Rest time may be extended to avoid undue fatigue
4. Patient care time of sixteen (16) hours requires a minimum of 8 hours rest time
5. Patient care time greater than sixteen (16) hours and less than 48 hours requires a minimum rest time calculated as 65% of the transport time
6. Patient care time greater than or equal to 48 hours requires a minimum of 36 hours of rest time

Staffing must be arranged to accommodate required rest periods for each team member so as to not exceed 16-hour duty time during a 24 hour period

1. Rest periods are defined as periods of rest not interrupted with patient care.
2. Rest periods are subject to change with the patient's condition during the transport.
3. Rest periods must be coordinated so that a minimum of one person is alert in addition to the flight crew on ALL legs of the transport including non-patient leg

Duty / Rest Intervals for Medical Crew Members during Transport

Medical Crew Member	Hours 1 - 4	Hours 4 - 8	Hours 8 - 12	Hours 12 - 16	Hours 16 - 20	Hours 20 - 24	Hours 24 - 30	Hours 30 - 34	Hours 34 - 38
1	Rest	Rest	On	On	On	On	Rest	Rest	On
2	On	On	Rest	Rest	On	On	On	On	Rest
3	On	On	On	On	Rest	Rest	On	On	On

Expenses

Hotel, meal, transportation, and other transport-related expenses are covered by the company and will be paid by the flight crew. Alcoholic beverages are not authorized, in-room movies, personal telephone calls, and other personal items are the responsibility of the medical crewmember and, if charged to the company, will be deducted from flight pay.

1. Any expenses incurred by the medical crew member as a direct result of patient care or transport needs will be reimbursed to the crew member with the provision of receipts:
 - a. Expenses will not be reimbursed without itemized statements.
 - b. Expenses not associated with company business will not be reimbursed.
 - c. Rental car expenses without prior authorization will not be reimbursed.
 - d. Expense reports must be turned in by the 5th of the month to be processed by the 15th of the month and will be paid by the 25th of that month.



Activities and Professional Conduct during Rest Periods

1. All outings must be approved by the Captain
 - a. Medical Crew Members must travel with a minimum of two members when leaving the hotel.
 - b. Medical Crew Members must communicate the time of departure, travel arrangements, destination, and anticipated time of return to the Captain. Communication of actual return times must also be agreed upon between the Medical Crew Members and the Captain and may be accomplished by leaving a message at the hotel desk for the Captain so as to not disturb required rest periods.
 - c. Activities during rest must not involve any undue risks to the team member that could result in the interruption or delay of the transport.
 - d. It is encouraged to exercise 30-60 min, walk around the hotel, visit a museum nearby, use the pool, and low impact physical activity as part of stress management activities.
Note: These activities are not allowed during the mandatory rest period.
2. All Medical Crew Members must conduct themselves in a professional manner at all times.
 - a. Any activities conducted on or off duty while representing Jet Rescue that could have a negative impact on the integrity of the team or the company are strictly prohibited.
 - b. Any behaviors that would be harmful to the reputation of the company with its customers and/or partners or clients are strictly prohibited.



Subject: Gen 077 Duty Status during Acute illness

Purpose: The purpose of this protocol is to provide guidelines and present the Jet Rescue Air Ambulance recommendations when the Air-medical crewmember (AMC) is experiencing any acute onset of an illness while on duty.

Policy:

The AMC is responsible for addressing their individual health requirements while on tour or duty. Support will be forthcoming from the management team, but the decision to remain on tour or on duty or asking for early termination of the tour or duty day will rest with the AMC. This policy excludes the case where the AMC is medicating with potentially sedating medications (i.e. antihistamines). In this case please refer to the Jet Rescue Air Ambulance policies # 1.22 concerning Use of sedating medications while on duty.

In the event the AMC is ill or feels that they are physically or mentally incapable of meeting the demands required, they will notify the Chief Flight Nurse or Medical Flight Coordinator as soon as feasible to allow for a replacement.

If it is determined by the Medical Director that the AMC has a contagious illness, the AMC will be asked to terminate their tour of duty day early and seek appropriate medical care.

Application: Staff suffering acute Illness

Procedure:

If an acute illness is a real emergency call 911 or local emergency number, ask for help to ATC, treat and ask a flight crew to communicate with flight coordination as soon as possible, and follow EMS instructions.

In case the acute illness is not an emergency, AMC must communicate to medical director, Chief Flight Nurse, or appropriate designee immediately.

In case it is determined that the AMC can not continue next steps to follow:

- Prior patient contact: Sick AMC will be called not fit to fly and will be replaced by another (backup AMC) crew member.
- During transportation: sick AMC will receive medical attention from the other AMC (following instructions by Online Medical Control). If the patient can continue with one AMC, patient transport will continue.

Flight coordination will seek the best hospital facility nearby to treat the sick AMC.

In case the patient's needs demand two AMC, the patient will be returned to sending facility or another nearby facility until a backup AMC is relocated.



Subject: Gen 078 Duty Status while taking chronic medications, possible sedating medication or blood donation

Purpose:

The purpose of this protocol is to address the issue of Air medical crew member's performance of assigned duties while taking chronic medications, potentially sedating prescription or over-the-counter (OTC) medications, or after donating blood.

Policy:

This is not a comprehensive list of all antihistamines, only a representative sample of the prescription and OTC medications in this category:

- Azatadine (Optimine)
- Carbinoxamine (Cardec)
- Cetirizine (Zyrtec)
- Cyproheptadine (Periactin)
- Dexchlorpheniramine (Polaramine)
- Fexofenadine (Allegra)
- Loratadine (Claritin)
- Promethazine (Phenergan)
- Tripelennamine (Pelamine)
- Brompheniramine (Dimetapp)
- Chlorpheniramine (Chlor-Trimeton)
- Clemastine (Tavist)
- Diphenhydramine (Benadryl)

Most antihistamines share a common side effect of causing varying levels of drowsiness and may impair coordination and judgment. Caution should be taken until it is known how any medication will affect the individual.

All chronic medication taken by any AMC should be reported immediately after prescription to Medical Director and chief flight nurse. Side effects like sedation, hypoglycemia, seizures, bleeding, behavioral changes, hypertension, arrhythmia, hypotension, diarrhea, thrombosis, or any other side effect may be considered a risk factor for on-duty activities a risk assessment and plan would be conducted with each case.

Jet Rescue Air Ambulance recommends that all Air medical crewmembers limit their use of potentially sedating medications to those times that direct patient care is not required. The



initiation of any potentially sedating medications should be during those 'off duty' times to effectively assess the individual's response to the medication.

Safety is of paramount importance and this should always influence the AMC decision to discontinue a flight or contact a Flight Coordinator and Medical Triage.

Application: Staff suffering acute illness

Procedure: If it becomes necessary to take sedating medications, it is the responsibility of the involved AMC to contact the Medical Director and Chief Flight Nurse concerning the need to either replace the crewmember or involve additional medical personnel for the flight.

If the AMC has donated blood, they must not fly for at least 24 hours, have no dizziness or other symptoms of anemia, and have stable Vital Signs.

If at any time the AMC feels that they are unable to provide adequate care to the patient due to drowsiness or impaired judgment the Flight Coordinator and Medical Triage is to be notified and the flight is to be aborted.

Any crew member should report to the onboard flight doctor, flight coordination, Pilot in Command, and medical director or chief flight nurse if any of the aircrew or air medical crew has erratic movements, or erratic behavior (even with the least suspicions), concerning the need to either replace the crewmember or involve additional medical personnel for the flight.

All chronic medication taken by any AMC should be reported immediately after prescription to Medical Director and chief flight nurse. Side effects like sedation, hypoglycemia, seizures, bleeding, behavioral changes, hypertension, arrhythmia, hypotension, diarrhea, thrombosis, or any other side effect may be considered a risk factor for on-duty activities a risk assessment and plan would be conducted with each case.

A fit-to-fly letter by an approved physician can be requested when chronic medication is taken and after any prescription changes.



Subject: Gen 079 Duty Status after diving

Divers are usually the victims of decompression sickness, which is caused by nitrogen gas bubbles which blocks blood vessels and press on tissues. The result is pain and often permanent damage to body organs.

Purpose: The purpose of this protocol is to address the issue of Air crew member's concerning diving activities, to avoid decompression sickness.

Policy: The purpose of this protocol is to address the issue of Air crew member's concerning diving activities, to avoid decompression sickness.

The FAA Civil Aeromedical Institute, recommends a more conservative approach — wait 24 hours after one day of scuba diving before flying at a cabin altitude of 8,000 feet and wait 48 hours before flying after a week of diving.

Although prevention is the best medicine, being prepared to deal with a DCS incident is equally important. The steps below can be followed to treat anyone suspected of developing DCS in flight. This is a medical emergency, and medical assistance will be required once the aircraft is on the ground.

Guidelines for Flying After Diving	
Dive Schedule	Surface interval before flight at cabin altitudes up to 8,000 feet
No-decompression Dives	Hours
(Diver is without DCS symptoms)	
a. Less than two hours total accumulated dive time (surface to surface time) in the last 48 hours	12
b. Multi-day, unlimited diving	24
Dives That Require Decompression Stops	
(Diver is without DCS symptoms)	24-48*
* Flying must be delayed for 24 hours and if possible 48 hours.	
Source: Undersea and Hyperbaric Medical Society	



Application: All Air crew.

Procedure:

- By no exception, air crew can not dive 48 hours prior to on duty.
- On call crew and backup crew can not dive 48 hours prior to on duty days.
- Specialized medical crew must be questioned about diving 48 hours prior the flight.
- Passengers and patients must be questioned about diving 48 hours prior the flight.



Subject: Gen 080 Manual Handling (lifting and loading)

Purpose: To provide a safe work environment by implementing and maintaining a multi-faceted Safe Patient Handling Program (SPH) designed to minimize the risk of injury to the patients and staff caused by patient lifting and movement.

Policy: Staff is required to use mechanical lift equipment and other approved handling aids to prevent and/or augment manual lifting and movement of patients, except when absolutely necessary, such as in a medical emergency.

All staff who may be required to physically move, transfer or reposition patients must be trained in the use of mechanical lifting devices and other approved patient handling aids. Such devices and aids must be used in accordance with instructions and training.

It is the duty of employees to take reasonable care of their own health and safety, as well as that of their co-workers and their patients during patient handling activities by following this policy.

Non-compliance will indicate a need for retraining. Repeated non-compliance with this policy will result in corrective action, up to and including termination under the facility's "Corrective Action Policy".

Application: All staff who may be required to physically move, transfer or reposition patients.

Procedure: Adapted from Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement (2005), Patient Safety Center of Inquiry (Tampa, FL), Veterans Health Administration, and Department of Defense.

Safe Patient Handling Equipment: Decrease the risk of injury from patient handling activities and includes, but is not limited to the following:

- Lifeports Ramp: Platform designed to slide patient from stretcher inside the plane and vice versa.
- Lifeports Aerosled: Specially designed stretcher for Lifeport patient loading system.
- Vacuum mattress: Medical device used for the immobilization of patients, for example in cases of a vertebra, pelvis, or limb trauma (especially for femur trauma). It is also used for manual transportation of patients for short distances.
- Megamover transport unit: Compact and portable, unit ideal for transporting patients from areas inaccessible to stretchers.
- Stretchers/Gurneys that are motorized provide assistance with transporting patients.
- Equipment/bed/wheelchair transport assistive devices assist caregivers in pushing heavy equipment. All physically assist transferring, moving, and repositioning of patients who are considered high-risk activities.

Equipment and other approved patient handling aids must be used in accordance with instructions and training.



All staff who may be required to physically move, transfer or reposition patients must be trained in the use of safe patient lifting equipment and that training must be documented.

Appropriate Assistance Personnel for patient lifts and transfers may include any or all of the following staff positions:

- Air Medical Crew
- Air Crew
- Nursing staff
- Nursing support staff
- Central Transport staff
- Rehabilitation staff
- Paramedic staff
- Other individuals associated with patient care functions or are a part of the continuity of care

Family members, visitors, or non-authorized personnel are not permitted to assist in patient lifts and/or transfers, except in therapy or nursing-directed training situations.

Patient Handling at Hospital:

Dependent – a ceiling lift or powered floor lift (when available) with correct sling-type and size, or an air assist mat (i.e. a Hovermatt) or HoverJack and a minimum of 2 caregivers should be used as appropriate for the patient handling task to be performed. Always increase the amount of caregiver assistance if the patient weight is >300 or BMI>50.

Semi Dependent – Patient on a wheelchair will be transferred to Aerosled and loaded inside the plane as dependent.

Independent – No handling equipment or caregivers needed (non-sick passengers)

- One crewmember must be behind the passenger/patient watching steps and head.
- One crewmember must be inside the plane guiding the passenger/patient to avoid a fall or head injury.



Subject: Gen 081 Company Credit Card

Purpose: To outlining the rules and regulations that must be followed when using a company-issued credit card provided for operational expenses.

Policy:

1. Credit Cards are to be used when the need to acquire goods or services that are necessary for the operational mission but the nature and timing of the good or service need cannot be foreseen and payment is required immediately in order to move forward in the process i.e. Hotels, Car Rentals, etc.
2. Purchases with corporate credit cards are only to be initiated by the cardholder on record and only for the specific transactions approved to be made on the card being used. In order to facilitate compliance, credit card transactions are to be restricted systematically, to the extent possible by the credit card company, to the authorized transaction types approved and set up by the administration.

Application: All Jet Rescue Staff

Procedure:

Credit cards are issued selectively based on operational need by contacting the Administration General Accounting Department.

Each month the Credit Card Company sends a consolidated statement to Jet Rescue for payment. This statement itemizes the charges for each cardholder and the associated department is charged for the expenses. The credit card statement is processed and paid immediately upon receipt of the statement since Jet Rescue is ultimately liable for payment and to avoid incurring finance charges.

Charges for each card are coded to a preselected expense account. Adjustments to coding, if necessary, will be made at a later time if the expense is charged to an incorrect account.

Each cardholder also receives an individual statement from The Credit Card Company and is responsible for reviewing the validity and appropriateness of each charge. The cardholder should make note of any discrepancies then sign and date the statement as approval for processing. A check request, signed by the proper authorities, should be prepared that has the original receipts attached to support each expenditure on the statement and forwarded to the administration Office.

It is important that the individual statements and supporting documentation for payment be forwarded to Administration Office by the 25th of the following month so that any disputes or problems can be resolved as soon as possible and any adjustments that may be required to correct the expense account charged can be made prior to closing the general ledger.



Supporting documentation and receipts must be attached to the check request prepared to approve payment of the credit card charges and submitted to the Administration Accountant by the 25th of the following month for processing.

Individuals who repeatedly do not comply with this policy will lose their credit card privileges.



VOLUME 2

COMMUNICATIONS



Subject: Comm 001 Criteria for Aeromedical Transport

Purpose: To define criteria for appropriate usage of aeromedical transport.

Policy:

1. The following mechanisms of injury or physical findings will serve as guidelines for aeromedical transport.
2. Any time ground paramedics receive a call for assistance for cardiac patients, motor vehicle accidents with entrapment, multiple victims, drowning, or severe trauma, they should request aeromedical assistance in transporting these victims.

Application: All Referring Agencies

Procedure:

1. All referring agencies will receive training in the following appropriate guidelines for aeromedical transport.
 - 1.1 Mechanism of injury:
 - 1.1.1 Falls of 15 ft. or more.
 - 1.1.2 MVA (20 MPH without a seat belt)
 - 1.1.3 Ejection.
 - 1.1.4 Roll over.
 - 1.1.5 Death of Occupant.
 - 1.1.6 Auto-Pedestrian 20 MPH.
 - 1.1.7 Deformity of contact point.
Ex. steering wheel, dashboard, or windshield.
 - 1.2 Physical findings/patient assessment that may require aeromedical transport:
 - 1.2.1 Decrease LOC.
 - 1.2.2 GCS less than 10.
 - 1.2.3 BP <90 or >160.
 - 1.2.4 Respiratory rate <10 or >30.
 - 1.2.5 Airway compromise.
 - 1.2.6 Penetrating injuries to the head, neck, abdomen, or groin.
 - 1.2.7 Two or more fractures of the femur or humerus, flail chest, amputations, paralysis or spinal cord injury.
 - 1.2.8 2nd degree burns of 20% or more or 3rd degree of 10%.
 - 1.2.9 Injuries involving two or more body systems.
 - 1.2.10 Patient trapped for two minutes or more.



Subject: Comm 002 Activation of Flights by the Mission Control Center

Purpose:

1. To define the procedure to be followed for various requests for service by clients.
2. To prevent a flight from being attempted due to an emergency when weather conditions may be at or below marginal levels.
3. To prevent the pilot from perceiving additional pressure from the Communications Officer or the medical flight crew to perform a mission

Policy:

1. Jet Rescue Air Ambulance provides service both domestic and International to Public and Private Organizations as well as Individual Clients
2. Once GOP is secured, Medical Report is received and a the bed is secured at receiving facility Jet Rescue will attempt to be in the air within 30 minutes, without compromising safety.

Application: All Jet Rescue Flights

Procedure:

1. Acceptance of Requests for Service:

Jet Rescue Air Ambulance receives service requests from:

- 1.1 Hospitals.
 - 1.2 Assistance Companies.
 - 1.3 Law Enforcement Agencies.
 - 1.4 EMS Agencies.
 - 1.5 Industrial Safety Officers/Supervisors.
 - 1.6 Physicians.
 - 1.7 Special prearranged designated callers for which Jet Rescue is a Preferred Provider.
 - 1.8 General Public
2. The Communications Officer will notify the flight team that they have a request for a mission or are on stand-by for a mission.
 3. The intended flight plan will be reported to the flight team so that the pilots help determine whether or not the current weather conditions will be a factor.
 4. Upon receiving a request for the Communications Officer will page out the flight team. The flight team will always be paged out, even if the flight crew is in the Communications Center, as the call must be recorded.



5. The nature of the request and complete medical report of the patient will be informed to the flight team prior to departure. This medical information CANNOT be shared with pilots.
6. The Communications Officer will then provide the team with the following information:
 - 6.1 **PRIORITY 1.** This designates to the flight team that they have a request for an emergency flight.
 - 6.2 **PRIORITY 2.** This designates to the flight team that they have a request for an inter-facility transfer Critical Patient.
 - 6.3 **PRIORITY 3.** This designates to the flight team that they have a request for an interfacility transfer NON-critical patient.
7. The flight crew will acknowledge and respond to the airport.
8. Certain circumstances will require that the Communications Officer page out the flight team, give the destination, and then advise **01** or **02** to contact communications **immediately.**
 - 8.1 **01** will be told to contact the Communications Center if there is an administrative issue that he/she needs to know about. Ex.: Special paperwork.
 - 8.2 **02** will be told to contact the Communications Center if there is special equipment needed for the flight. Ex. TPA is to be taken.
9. When the aircraft is requested to respond from a STANDBY status to an ACTIVE status, group page the flight crew as follows:
 - 9.1 **“ crew your mission is a go, respond to HQ. Time 1729 hours.”**
 - 9.2 the flight crew will acknowledge of active status.
10. When the STAND-BY is canceled, group page the flight crew as follows:
 - 10.1 **“crew- stand-by canceled.” Repeat one time.**
11. Cancellation of Request for Service: Cancellation for a flight will be accepted by the Communication Center (CC) only if it is the same agency that made the request. Should any other agency attempt to cancel a flight, the Communication Center will phone the original requesting agency and confirm that the cancellation is appropriate.

When the Communications Officer receives an authorized request to cancel the aircraft response, the following procedure shall be used:

- 11.1 Contact the aircraft and state:
“ crew, cancel your response.”
Repeat: “ crew, cancel and acknowledge.”
- 11.2 If there is no response from the flight crew, then repeat the message in 15-20 seconds.



11.3 If there is still no response, call the crew using the SAT PHONE and the tracking system.

11.4 If there is still no response, notify the Flight Controller of the Airport or Flight Center.

12. Request to Transport Blood/Blood Products:

When the aircraft has been chosen as the most appropriate method of transportation and after receiving administration approval from Chief Medical Officer or Medical Director, the following guidelines will be observed:

12.1 The crew will consist of 2 pilots, a Flight Doctor, and Flight Paramedic.

12.2 The blood will be brought to the aircraft hangar.

12.3 The crew will transport the blood without delay and return to service.



Subject: Comm 003 Simultaneous Request for Service

Purpose:

1. To establish the priorities for responding to simultaneous requests for Jet Rescue.
2. To assist the flight crew in triaging effectively.

Policy: In the event that two requests for service come in simultaneously, the priorities are outlined in this section.

Application: All Jet Rescue Medical Staff

Procedure:

1. **If both requests come in at the same time the most critical patient will take priority. The Medical Director will determine which flight goes first.**
2. If financial arrangements are delaying the flight on the most critical patient, Learjet should be dispatched to the second flight.
3. If no other aircraft is available for immediate response to simultaneous flights, The agency for which there is a delay of service will be notified of the delay as soon as possible. The situation will be explained and an adjusted ETA given. If the requesting agency does not wish to delay transport until Jet Rescue is in service, the Mission Control Center will offer assistance to make arrangements for alternate air transport if they so desire.
4. All requests for transport must be logged in the appropriate log.
5. When aircraft are dispatched to a flight, it may not be diverted to another location under any circumstances.



Subject: Comm 004 Neonatal Flights

Purpose: To ensure a standardized procedure for accepting neonatal transports.

Definition: Any baby 60 days or younger.

Policy: Interfacility neonatal transport requests must be triaged by NeoNatal or Pediatric Doctor

Application: All Jet Rescue Medical Staff

Procedure:

1. When a request for interfacility neonatal transfer is received:
 - 1.1 The on-duty Communications Officer will advise the on-call Pediatrician or Neonatologist that there is a pending flight.
 - 1.2 The Communications officer must immediately obtain a written medical report from requesting party.
 - 1.3 Medical Report will be forwarded to our Pediatrician or neonatologist as soon as possible.
2. Once Specific medical needs have been identified by our doctor, the Doctor will contact the communications center to advise what special needs if any (ex. Nitrous Oxide) are needed
3. Communications Officer will provide a firm quote for the flight based on special needs.



Subject: Comm 005 International Transfer of Patients

Purpose: To ensure that all patients traveling internationally are in possession of valid travel documents or a humanitarian waiver.

Policy: All patients being transferred internationally must have valid travel documents as required by law.

Application: All Jet Rescue Patients traveling Internationally

Procedure:

1. When a request for service regarding an international flight is received from the client the Communications Officer will request photocopies of travel valid travel documents this include:
 - 1.1 Valid Passport
 - 1.2 Valid Visa for Specific Country or Visa Waiver
2. The Communications Officer will obtain the following information:
 - 2.1 Passport Number.
 - 2.2 Issuance and Expiration Dates.
 - 2.3 DOB and Place of Birth.
 - 2.4 Citizenship.
 - 2.5 If traveling to the USA the place where the traveler can be located (name of hotel, hospital, etc.)
3. After Medical and Financial Issues are cleared the Communications officer must: fill out EAPIS if entering the USA, if entering Canada call Canadian Customs
 - 3.1 Send EAPIS electronically and print the confirmation.
 - 3.2 Call Customs port of entry to update ETA.
 - 3.3 If Flying to Central and South America the Communications Officer must secure all landing and overflight permits to conduct the flight in a safe and efficient manner.
 - 3.4 In the event that Patient and/or Companions DO NOT HAVE VALID TRAVEL DOCUMENTS, FLIGHT CANNOT BE CONDUCTED



Subject: Comm 006 The role of the communications center in enhancing air medical Safety

Background:

Several areas of the communication specialists' duties and responsibilities have a direct role in enhancing safety.

Recommendations:

The following have a direct role in enhancing safety and outline items that communication centers should put into place.

Training: Training must include all program-specific policies and procedures, job expectations, standards, and duties and responsibilities. A formal training program should be developed and followed to ensure that all new hires are given consistent information. Specific items that must be covered in orientation are:

- Post Accident/Incident Planning
- Flight Following (Related to FAA 129 requirements)
- Weather
- Map Reading
- Landing Zone Preparation
- Navigational Aids
- Stress Management
- Radio Skills

Additional Training: It is recommended that all communication specialists take.

The National Association of Air Medical Communication Specialists Training Class. This all-inclusive class is the most comprehensive training tool available for new staff. 16 hours of Continuing Education Units (CEU's) should be completed each calendar year by all communication specialists. These CEU's should include job-specific areas and training.

Post Accident Incident Drills. Biannual PAIP drills should be conducted and debriefed with all program members for performance improvement and lessons learned.

Commission on Accreditation of Medical Transport Systems (CAMTS). It is recommended that all air medical communication centers adopt the CAMTS standards for communication centers. This will help ensure a quality communication center is in place.

Procedures: The following procedures must be developed and readily available in the communication center:

- Post Accident Incident Plan (Which Includes)
- Precautionary Landing due to Patient Condition
- Precautionary Landing due to Weather or Mechanical Conditions
- Missing or Overdue Aircraft
- MayDay
- Post Accident/Incident
- Lost Communications



Equipment Failure Procedures. This procedure must include troubleshooting procedures for each piece of equipment, emergency procedures for working without the particular item, and the procedure for getting the equipment repaired.

Flight Following. The flight following procedure must be in writing and should require the communication specialist to physically plot the aircraft's flight progress on an area map. If other systems are used to monitor and track flight progress, these too must be of demonstrated proficiency.

Schedules: The communication specialists should be scheduled on the console for a maximum of 12 hours per day. Unlike pilots and flight crew members, the communication specialist cannot sleep during duty time. On rare occasions, 16-hour shifts are acceptable for coverage of sick calls. A minimum of 8 hours between shifts for rest is also highly recommended.

Breaks: Staff should be given breaks away from the console. If the program's staffing consists of just one communication specialist, the relief person should be equally trained. Breaks should always be delayed when the aircraft is in the air. Meals should be allowed at the console if an unpaid lunch break is policy.

Equipment and Resources: The following equipment and resources must be present in the communication center.

- Audio Recorder with auto playback capabilities.
- 2-way radio system.
- Service area maps.
- Emergency Phone Lists
- Post Accident/Incident Plan Manual.
- List of all serviced hospitals including landing site information and telephone numbers

Committee Participation: A communication specialist should be included on the Safety and Quality committees.

Communication Center Layout: Some things to consider when building or remodeling the communication center:

- Restrooms should be located in close proximity to the communication center.
- Carpeting should be used on the floor to absorb sound and reduce slipping.
- Ergonomic seating and console designs should be used to reduce discomfort and personal injury.



Subject: Comm 007 Flight Coordinator Break

Purpose: To provide the Air Medical Communicators with scheduled breaks to minimize on-duty fatigue.

Policy: Properly trained Relief Personnel must be available to cover Flight Coordinators while on Break.

Application: Mission Control Center Staff

Procedure:

1. While working 12-hour shifts, all attempts are made to accommodate an undisturbed 30-minute break.
2. While the Communicator is on break, the other Communicator or another appropriately trained staff member will cover the Communicator's duties.
3. On-duty transport staff is available when in-house to provide other unscheduled breaks as needed when only one Communicator is scheduled to work.
4. At any time, the Communicator may contact the Administrator On-Call or in-house Management Staff if they are unable to find coverage or need a longer break.

CAMTS 06.03.01 1b. There are relief personnel (with the appropriate training) available for periodic breaks.



Subject: Comm 008 Med Jets Operational Control

Purpose: To provide the Flight Coordinators with legal knowledge regarding FAA Operational Control rules.

Policy:

Application: All Jet Rescue Flights

Procedure:

With the implementation of the new FAA Operations Specification A008, Med Jets S.A. de C.V. DBA Jet Rescue must keep accurate track of our aircraft when in flight.

Med Jets DBA Jet Rescue must meet the Op Spec A008 "Operational Control".



Subject: Comm 009 Med Jets AOC Operations Manual

Purpose: To provide the Flight Coordinators with legal knowledge regarding FAA/ AFAC Operational Control rules.

Policy: All Flight Coordinators must have basic knowledge regarding operational control issues.

Application: All Jet Rescue Flights

Procedure:

OPERATIONAL CONTROL

Federal Aviation Regulations require that we as owners and operators of our fleet be properly named and identified as the company providing the air transportation, and as such, must be included in all printed or advertising materials offered to the public. The intent of this regulation is to inform the public of the identification of the Federal Aviation Administration (FAA) certified and authorized operator of the aircraft. At no time shall any non-certificated entity attempt to exercise Operational Control, nor hinder in any way, our oversight and/or exercising of Operational Control of any and all operations carried out under our Certified Air Carrier Certificate.

Hospitals or other agencies have the right to request flight operations (MCC) a flight but they have no authority to override our authority, or the pilot's authority to refuse any mission request due to weather, maintenance, regulatory limitations, or other flight safety issues. **At no time during a response to a medical flight will speed into action criteria be allowed to compromise safety.**

All employees, methods, equipment, and facilities used or employed by us will at all times be remaining under operational supervision and control of the aviation department. Flight crew personnel may be requested to, but shall not be required to assist in any patient care or patient handling except to the extent of providing patient transportation. Pilots, mechanics, and other ground support personnel will abide by all Med Jets S.A. de C.V. aviation department personnel policies as well as these policies provided in written form concerning conduct and appearance. Our Aviation Department shall retain full authority and rights to unilaterally exercise its right to hire, discipline, or remove its personnel from an assignment.

All communications center personnel that intake flight requests and/or flight follow with our aircraft must be trained according to the FAA accepted Communications Specialist Training Program.

The training program will be administered by the Program Aviation Manager or Aviation Services Manager who will also ensure that Course completion documentation is forwarded to the administration. Additionally, the Aviation Manager will keep an updated list of the names of all currently trained and utilized flight coordinators.



A listing of all certificate pilots will be maintained by the Chief Pilot. A listing of all currently active mechanics will be maintained by the Director of Operations. These lists will be available for inspection by the FAA/AFAC when requested.

SECTION E – Flight Coordinator (Dispatcher)

GENERAL INFORMATION

The Flight Coordinator section provides guidance for those who have successfully completed the FAA/AFAC approved Communications Specialist Training Program. This training must be completed on an annual basis as outlined in the FAA-approved Communications Specialist Training Program. The personnel who do not comply with the Communications Specialist training requirements will not be authorized to perform those duties and responsibilities as listed on page E-2 of this Operations Manual.

The Communications Specialist coordinates and maintains effective communications between requesting facilities/agencies, crewmembers, medical personnel, maintenance personnel, and receiving facilities/agencies, as appropriate, to ensure an expeditious response for emergency and non-emergency assistance and/or transport.

Additional guidance for the below-listed Duties and Responsibilities can be found in the Communications Specialist Training Program presentation.

DUTIES AND RESPONSIBILITIES

- Answers all incoming requests for service and information in a professional and courteous manner.
- Coordinates and monitors all rotor-wing and fixed-wing transports in response to customer requests.
- Tracks status of all aircraft to include out of service times, public relations missions, and maintenance-related missions.
- Completes the Flight Log for all flights conducted by our aircraft.
- Operates and monitors all communication equipment maintaining effective communications with all crewmembers as appropriate, including flight following and tracking according to policies/procedures/regulations.
- Initiates PAIP when necessary.
- Coordinates and maintains effective communications between requesting facilities/agencies, crewmembers, medical personnel, and receiving facilities/agencies, as appropriate, to ensure an expeditious response for emergency and non-emergency assistance and/or transport.
- Will inform pilot when a request transport has been turned down by another pilot.
- Arranges for all necessary and/or requested ground transportation associated with a flight.
- Ensures effective communications with the customer relaying any information regarding transport delays or changes in the itinerary as soon as possible
- Performs other duties as assigned.



AIRCRAFT STATUS

The Communications Specialist shall track the status of all aircraft to include out-of-service times, public relations missions, maintenance-related missions, and training missions since this information will have an impact upon which aircraft receives a specific flight request. Tracking aircraft status involves effective communications between pilots, maintenance personnel, medical personnel/crewmembers, and the communications personnel.

FLIGHT FOLLOWING

Flight following shall follow the procedures outlined on page B-11 of this Operations Manual.

GROUND TRANSPORTATION

Ground transportation associated with any aircraft transport shall be coordinated through the MCC in a timely manner.

POST ACCIDENT/INCIDENT PLAN (PAIP)

The Flight Coordinator shall initiate the PAIP when necessary. The PAIP shall be developed and maintained by the Aviation Manager according to the guidance provided on page B-24 of this Operations Manual.

REQUESTS FOR SERVICE

All requests for service (flight request) will be accepted and relayed on an emergent and prioritized basis. It will be the responsibility of the Communication Center to assign and notify the appropriate aircraft in a timely fashion. An “appropriate aircraft” is defined as the closest available aircraft to the location requesting the service and an aircraft that is properly equipped/qualified for that mission (IFR vs. VFR, fixed-wing vs. rotary-wing, equipment required, etc.).

If it is known that another flight service, or another PIC, declined the flight for any reason, the information must be communicated to the PIC that is offered the flight request.

All information pertinent to the flight request shall be communicated to the PIC, including, but not limited to:

- Type of flight (inter-facility transfer, on-scene response, specialty team transport, etc.).
- Additional equipment requirements (balloon pump, isolette, neonate nitric gas, etc.).
- LZ information for on-scene responses.
- Airport Information for fixed-wing
- Frequencies for communicating with ground personnel for on-scene responses.
- Requesting facility/agency.
- Receiving facility/agency.
- Bearing and distance to the requesting facility/agency or other location.
- HAZMAT considerations as appropriate.
- Patient weight (if known).



It is the sole responsibility of the PIC to accept or decline a flight request that has been offered by a Communications Specialist. No attempts should be made by the Communications Specialist to question the pilot's judgment in denying a flight request.

TRANSPORT DELAYS

When any aircraft transport is delayed or a change in the flight plan is made for any reason (weather, maintenance, patient condition, etc.), the PIC shall notify the Communications Specialist, then the Communications Specialist shall notify all parties involved in the original flight request as soon as possible.

OPERATIONS MANUAL

A current copy of the applicable sections of the Med Jets General Operations Manual can be referenced on Med Jets "Ops Manual"

FLIGHT FOLLOWING PROCEDURES

Med Jets has established the below procedures for flight following for our aircraft.

- The Communications Specialist will enter in the computer the initial flight information prior to aircraft departure.
- When an aircraft takes off on an assigned flight, communications will receive from the pilot, the number of people on board, fuel loads remaining in flight time, destination, and ETA.
- Every 10 minutes into the flight, the Delorme Flight Tracker will update a position report
- If the tracker fails to provide the position, the Communications Specialist(s) will call the aircraft and request an updated position report.
- When landing is assured at the intended destination the pilot will notify the communications center after landing) of the landing time.
- At the completion of the mission, the flight will be "Completed" on the Flight Log.

If the pilot has to land for any unforeseen reason before reaching the intended destination, i.e.; malfunction or weather-related, he/she will call the communication center either by radio or telephone. The pilot shall give their location, the reason for landing, estimated take-off time (if possible), and a revised ETA to the final destination.

After 30 (thirty) minutes on a scene, or 45 (forty-five) minutes for an inter-hospital flight, if the crew has not contacted the communication center with a liftoff time and an ETA back to the receiving facility, the Communications Specialist shall attempt to ascertain the status of the flight. The pilot will follow the above as appropriate for the return trip.

Med Jets aircraft on an IFR flight plan will file an IFR flight plan with the controlling agency, Flight

Service Station, or appropriate facility as required. Prior to takeoff and after landing the Pilot-in-Command will contact the MCC to advise of any updated information concerning the flight.



POST ACCIDENT/INCIDENT PLAN (PAIP)

The Aviation Manager shall develop a PAIP. The Aviation Manager will ensure that the PAIP provides timely notification to management and other key personnel. The PAIP will indicate who is to be notified and who is responsible to make the notification.

The following are the minimum required checklist items to be included in the PAIP:

- Medical emergencies/problems – Requiring an unscheduled landing.
- Weather or mechanical difficulties – Requiring an unscheduled landing.
- Overdue aircraft – When an aircraft fails to reach its destination within 30 minutes of the estimated time of arrival or overdue in-flight reports by 30 minutes.
- Actual emergency – Either reported via radios or notification from ATC.
- Post-crash – Notification from another party that the aircraft has crashed.
- Procedures to contact management and other key personnel.
- Procedures to alert management and other key personnel.
- Procedures to alert program security and public relations personnel, if necessary.
- Procedures to request assistance from law enforcement and emergency programs.
- Procedures to perform an annual review of the PAIP to ensure changes in personnel and contact information are updated.
- The plan shall be tested and evaluated annually.

A copy of the base PAIP and annual updates will be sent to the Director of Safety. Assistance with the development of the PAIP can be obtained from the Director of Safety



Subject: Comm 010 MCC Staff Meetings

Purpose: To establish guidelines for periodic communication staff meetings.

Application: All MCC Staff

Policy:

1. The MCC Staff holds quarterly staff meetings that all flight coordinators must attend.
2. In addition, when the need arises, there are communication meetings to address items specific to the operations of the Communication Center.
3. Minutes are kept on file with the Assistant Manager.
4. In between meetings, regular communications are passed between the shifts using the logbook. This logbook provides continuity of operations and provides a centralized place to pass on to other shifts important information.

CAMTS 06.03.05



Subject: Comm 011 Communications equipment

Purpose: To establish guidelines for communication equipment readiness and capabilities.

Application: All MCC Staff

Policy:

Jet Rescue maintains all radio and communication equipment in full operating condition and in good repair. Jet Rescue thru its sister company CESA S.A. provides onsite 24/7 emergency response for maintenance and repair. All emergency phone lines are recorded and recordings kept for a minimum of 90 days.

In addition, the recorder has instant playback capabilities. All ambulance and aircraft have the capability of transmitting and receiving online medical direction, and air traffic control (aircraft only.)

Jet Rescue maintains cellular phones as backup communication devices on all transport vehicles. These devices are only used in accordance with FCC new regulations.

If the cellular phone is used during ground transport, it is preferable that a crew member not operating the vehicle use the device. If not possible, the use by the vehicle operator shall be limited to vital communications only.

CAMTS 06.02.01/02/03/04 & 06.06.03



Subject: Comm 012 Controlling Excessive Noise in the MCC

Purpose: To ensure the Mission Control Center is a distraction-free environment with minimal noise, in which to perform the duties and facilitate the efficient and professional conduct of Patient Transport Mission activities.

Application: All MCC Staff

Policy: Distractions and/or excessive noise are not permitted in the MCC during any phase of a medical transport mission to include receiving requests, flights/transport in progress, and during post-mission briefings

The on-duty Flight Coordinator is ultimately responsible for controlling the environment in the Communications Center. In addition, each Flight Team member has a responsibility to help ensure the MCC is a quiet and distraction-free environment where all telephone and radio traffic can be clearly heard by the on-duty Flight Coordinator and where the information is collected or passed on can be accomplished without any background noise being heard.

Flight Coordinators and Flight Team members will be courteous but direct in addressing any instances of excessive noise and/or distractions.

Any conversations that do not involve the on-duty Flight Coordinator will be conducted outside the MCC.

1. When a Flight Coordinator is on the telephone or a radio call is being received/transmitted, all personnel in the Communications Center will stop any conversations until such time that the on-duty flight coordinator indicates the conversation can be resumed.
2. During Patient Transport Mission activity, personnel in the Communications Center will be kept to a minimum.
3. Television and/or radio will be muted at any time someone is on the telephone or radio and during patient Transport Missions
4. In accordance with HIPAA requirements, personnel not involved with the transport or care of a patient are not permitted to overhear information about the patient's medical condition.
5. Any occurrences of unnecessary noise or distractions will be documented on the Post Mission Report



Subject: Comm 013 Dispatching Ground Ambulance

Purpose: To ensure Ground Ambulances are scheduled and dispatched in a timely and safe manner.

Application: All Ground Ambulance Calls

Policy:

1. Jet Rescue Ground Ambulance Service Only performs Critical Care Interfacility Transports.
2. The Flight Coordinator on duty will schedule a ground ambulance transport with at least 1-hour lead-time notice in case of scheduled transports. In case of emergencies, ground ambulances should be dispatched immediately to the requesting facility.

Procedure:

1. The Flight Coordinator will collect all pertinent information in the activity sheet including the exact location of the patient.
2. The Flight Coordinator will page via WhatsApp the Medical Crew that is on call, and advise there is a ground ambulance transport request.
3. The Flight Coordinator will provide all necessary geographical and medical information to Medical Crew.
4. Medical Crew should respond immediately to the service.



Subject: Comm 014 Flight Following

Purpose: To ensure that while an aircraft is on a mission a flight coordinator assigned to flight following will be present in the communication center at all times.

Application: All Jet Rescue Flights

Policy: The flight Coordinator will continually monitor the location of all aircraft at all times.

Procedure:

1. The flight Coordinator must have the Delorme Flight Tracker web-based application open at www.explore.delorme.com every time an aircraft is airborne.

Login Information

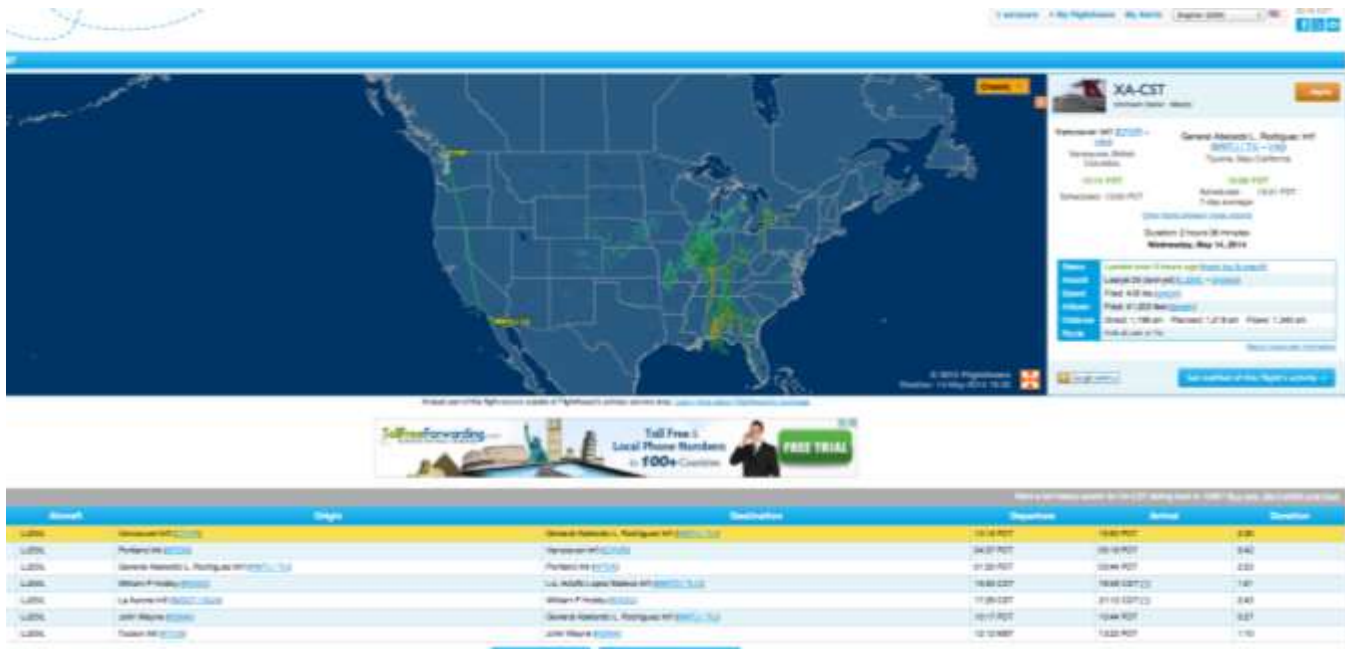


Go to the Map Tab

Select Aircraft

Select Filters Most Recent track or Currently tracking







Subject: Comm 015 Policy Luggage Fixed Wing

Purpose: To maintain the aircraft below maximum gross weight and to screen carry on luggage for size, weight, and hazardous material.

Application: All Jet Rescue Flights

Policy: In normal circumstances, the patient and any passengers can each bring 2 pieces of luggage. Each piece of luggage should not weigh more than 25 pounds. Any additional items require prior approval from the Pilot in Command.

Procedure:

1. The MCC will advise the customer prior to the flight of the luggage restrictions. If the customer needs to take additional items, MCC will need to contact the Pilot in Command for approval.
2. Unless specifically approved in advance by the Pilot in Command, we cannot transport items such as TVs, motorized wheelchairs, furniture, plants, etc.
3. Dispatch will check with the Pilot in Command when a customer requests to bring a pet.
4. All luggage items to be transported will be visually inspected by either the pilot or crewmember for adherence to this policy. The Pilot in Command will have final authority over luggage based upon current FAR 135.87 regulations.
5. All luggage items must be secured during all phases of flight either behind the rear seats, cargo net, or secured to the utility sled.



Subject: Comm 016 Passengers Fixed Wing

Purpose: To establish guidelines for the safe transport of passengers.

Policy: The Pilot in Command and Medical Crew has the final decision to allow more than two passengers to accompany a patient. The Pilot in Command must approve the extra passenger for weight and balance and the Medical Crew must approve the passenger for patient care considerations.

Procedure:

1. MCC will notify the Medical Crew and Flight Crew of the request to transport more than 2 travel companions
2. If the Medical Crew cannot accommodate the request, upon completion of the transport, the crew will fill out the debriefing form detailing the reason the request could not be accommodated.
3. This form will be forwarded to the Clinical Practice Group and Program Director for review.



Subject: Comm 017 Transport of Prisoners

Purpose: To provide criteria for the safety of flight crew during transportation of prisoners.

Application: Flights transporting Prisoners

Policy: Jet Rescue medical crew will utilize the following guidelines when requested to transport a patient in the custody of Law Enforcement.

Procedure:

1. MCC will notify Air and Med Crew that a request has been made to transport a prisoner.
2. All prisoners will have at least an IV saline lock established prior to transport.
3. All prisoners will be handcuffed and shackled or in 4 point leather restraints. No exceptions.
4. A Law Enforcement Officer with proper identification will accompany the prisoner.
5. On International flights, The Law Enforcement Officer must display to the pilots proof of completion of the Federal Aviation Administration's (FAA) "Law Enforcement Officers Flying Armed" training program.
6. If the officer has not completed this program, they will not be permitted to carry a firearm. At the discretion of our Captain, the firearm may be carried unloaded and secured by the Captain.
7. If possible, an all-male crew will be sent when the prisoner is a male and is housed at a Maximum or higher correctional facility.
8. If possible, female prisoners will be transported with a minimum of one female medical crew member, regardless of correctional facility level.



Subject: Comm 018 Transport Guidelines Contracted Aircraft

Purpose: To establish guidelines on the appropriate use of contracted fixed-wing services.

Application: When Jet Rescue Aircraft are not available

Policy: Jet Rescue will consider the use of a contracted fixed-wing vendor when all our Jets Are not available.

Procedure:

Factors that are taken into consideration to utilize an external aircraft vendor are Type of aircraft, Air Ambulance License, and type of stretcher on board. Other factors will include patient acuity, transport distance, out-of-hospital time, weather, time to complete a mission, and cost, all of these in the best interest of the patient.

External Fixed-wing transport will be considered for the following:
Own Fleet NOT AVAILABLE.

Time-critical and greater than 150 miles one way.

NON-Time critical and less than 100 miles one way with poor weather conditions for ground transport.

MCC will call a pre-approved vendor and request the availability of its Jet.

MCC will obtain a firm quote prior to booking

MCC will advise Medical Crew we are utilizing External Vendor and will provide Tail Number and type of stretcher.



Subject: Comm 019 Weight and Size Guidelines

Purpose: To establish reasonable and prudent guidelines for patient size and weight for air ambulance transport.

Application: All Jet Rescue Flights

Policy: Fixed-wing aircraft have limitations with regard to safe transport due to the size and weight of the patient. Interior space, payload capacity, sled design, loading mechanism, and installation location are the determining factors. These parameters vary with the make and model of the aircraft.

Procedure: The following are the maximum weight limits as they apply for the various contracted fixed-wing aircraft:

1. Maximum patient weight for safety considerations for the door and sled system = 300 pounds.
2. The door dimensions in the Learjet are: Height 47 inches Width 36 inches
3. An additional consideration to note is when the sled is secured; it sits against the aircraft fuselage.



Subject: Comm 020 Hazard reports / NOTAM

Purpose: To promote safe operations through the sharing of known hazards in areas of operations

Application: All Jet Rescue Flights

Policy: MCC will check NOTAMS prior to each flight, also will call referring and receiving agencies to verify local weather and potential hazards

Procedure: After the confirmation of a Flight the Flight Coordinator will check each airport that we intend to operate for NOTAMS or Hazards, Also will call our local ground ambulance provider on both ends to verify weather and potential hazards.



Subject: Comm 021 Hazardous Materials Response

Purpose: To provide the flight coordinator with guidelines when a HAZMAT request is received

Policy: Flight requests to transport HAZMAT patients will not be accepted until the MCC has checked the HAZMAT guide book and the Pilot accepts the mission.

Application: Flights where Hazardous Materials might be present

Procedure:

In the event the Flight Coordinator receives a request to respond to a confirmed chemical spill/hazardous material response, the following information should be gathered before the aircraft is launched.

1. Are hazardous or toxic substances involved?

- If yes: Type _____ Quantity _____

2. Purpose for request:

- Trauma _____
- Medical hazard patient exposed to _____
- Other _____

3. Number of injuries involved _____

4. Wind direction _____

5. The approximate area involved to include airborne contamination

Refer to the Emergency Response Guidebook 2020 or Look up the substance and have information available for pilot and crew. The pilot has the final decision on accepting the mission. If the mission is accepted, all patients must be fully decontaminated and wrapped in an impervious barrier prior to loading in aircraft.



Subject: Comm 022 MCC Evacuation

Purpose: A plan to evacuate MCC in the event of an emergency and provide continuous communications.

Policy: Jet Rescue MCC will transfer communications to either Miami or Guadalajara if an emergency situation arises in Toluca.

Implementation:

1. In the event that the Mission Control Center needs to be evacuated, MCC is able to maintain contact with our clients and any of our vehicles operating on the system.
2. MCC will notify by WhatsApp on the "Flights Group" that they are evacuating and announce that they will be transfer calls to either Guadalajara or Miami.
3. The primary evacuation point will be the Hangar unless the hangar is being evacuated as well.
4. Once in a safe place, MCC will contact the office in Miami and Guadalajara and advise them of the situation and ask them to provide backup for receiving calls and flight following duties.
5. MCC will take the following items if evacuated: portable radio/ charger, Cell phone, and iPad
6. If the MCC will be out of service for a prolonged period of time, Guadalajara or Miami will take over MCC duties.



Subject: Comm 023 Monthly site check

Purpose: To ensure operation of equipment in the MCC and on the Aircraft

Policy: Lead Flight Coordinator will visually inspect and ensure the operation of all the communication centers. He will document standard operation or any problems with equipment. In the event that repairs are needed, the Lead Flight Coordinator will contact appropriate repair personnel.

Application: Mission Control Center and Jet Rescue Aircraft

Procedure:

Monthly Site Checklist includes:

- HF Radio
- VHF Radio
- Toll-Free Forwarding Software
- Go Pro Cameras
- Office Cameras
- Delorme Tracking Device
- iPads
- Satellite Phones
- Cellular Phones



Subject: Comm 024 AOC Certificate

Purpose:

Policy:

Application:

Procedure:



Subject: Comm 025 Post Accident /Incident Plan

Purpose: To provide a blueprint for handling all incidents involving aircraft from the most minor to the most severe, (crash). This plan is one piece of a comprehensive safety program designed to ensure the safety and security of personnel and equipment.

Policy: PAIP must be established immediately when an incident or accident occurs.

Application: When an Aircraft is Overdue or suffers an incident or accident.

Procedure:

This plan is to operate along the lines of Incident Command. [Definition: Command is a role/duty to be done. For simple incidents, this role may be handled by a single individual. For larger, complicated events this may comprise a team. Team members each have specific non-overlapping responsibilities.

Information and action will flow through this focal point. Command will be responsible for gathering information and for designating duties to be done. The role of Command will be initiated by the most senior Communicator on duty in MCC. He will remain Command until replaced by a higher-ranking member of the Administration Staff who may choose to assume 'Command' once they have arrived on site in MCC and been debriefed on the situation. The highest-ranking administrator on site will be the designated leader of the Command team.

Incidents are classified as:

1. Medical Precautionary
2. Mechanical / Weather Precautionary
3. Overdue Aircraft
4. May Day
5. Crash
6. Special emergencies

These events will be handled similarly in some respects. However, each event has its own considerations and the plan varies somewhat from event to event. Please refer to that section for each event.



Subject: Comm 026 Response to Disasters

Purpose: Define how Jet Rescue responds to request for service during disasters

Policy:

Jet Rescue will not respond to disasters unless specifically requested by an agency or another medical transport service or hospital.

If Jet Rescue is requested, we will respond according to National Incident Management Systems as approved by Federal Emergency Management Agency using Incident Command System principles.

All staff have been appropriately trained to cover NIMS 700, NIMS 800, ICS 100, and ICS 200



Subject: Comm 027 Weather Alert Message (Helicopter)

Purpose: This policy is to address the need for shared weather information between services in the same coverage area.

Policy: Jet Rescue will share weather information with other Rotor Wing Flight Programs in our service area

Application: Requests for flights with inclement weather

Procedure:

The Mission Control center will advise air medical services in the same coverage area when Jet Rescue pilots turndown flights due to inclement weather.

Communicators will complete and email a WAM (Weather Alert Message) to all appropriate air medical services.

This policy will enhance safety by sharing information and discouraging “shopping” by emergency agencies and hospitals when a flight has been turned down due to inclement weather.

It is understood that all weather decisions will ultimately be made by Jet Rescue pilots and this is a tool to facilitate those decisions.

The form is available in the Appendices and available to the Flight Coordinator on their work station.

CAMTS Standard 06.05.01



Subject: Comm 028 Weather Monitoring and reporting

Purpose: To establish appropriate means of monitoring & verifying weather: reporting severe weather.

Policy: Jet Rescue Mission Control Center and Each individual Pilot will verify weather conditions prior to departure on each flight

Application: All Jet Rescue and Heli Rescue Flights

Procedure:

1. The Mission Control center and pilots will obtain weather reports through the FAA /AFAC National Weather Service or an approved source.
2. The pilots will maintain current weather reports through an approved source. The pilots will update the Mission Control center with current weather trends.
3. The communication center will have access to the weather alert channel to monitor for inclement weather.
4. MCC will also utilize various Internet sites to monitor weather via radar
5. The Flight Explorer provides access to meters and observer radar.

CAMTS 11.01.02



Subject: Comm 029 IMSS Flights

Purpose: To establish dispatch guidelines for the Flight Coordinator when IMSS requests a flight.

Policy:

1. Jet Rescue Has a contract with IMSS and cannot turn down missions except for weather or maintenance.
2. IMSS Flight DO NOT require a GOP

Procedure:

1. IMSS personnel will provide a route to be flown and type of Mission (Organ Procurement or Medevac)
2. Max 7 Passengers are allowed on Organ procurement flights
3. The Flight Coordinator must obtain the name of each individual passenger NO exemption
4. In Medevac Missions a Medical Report must be obtained prior to takeoff
5. The medical report must be shared via email to Medical Director Base Manager and the Medical team flying the mission.



VOLUME 3

AVIATION



Subject: AVI 001 Aircraft Refueling

Purpose: To establish guidelines for safe refueling of aircraft

Policy:

1. The only personnel authorized to operate the fuel system at the hangar is the maintenance personnel that has received the refueling class. Properly trained maintenance personnel will adhere to the policies and procedures set forth on the GOM, governing the safe refueling of the aircraft.
2. The Pilot in Command is responsible for all refueling operations.

Procedure:

1. The aircraft engines will always be completely shut down. In the case of the Helicopter, the rotor blades will be at a complete stop prior to and during any refueling procedure.
2. Aircraft personnel will be asked to depart the aircraft during refueling.
3. The aircraft will be properly grounded.
4. A fire extinguisher will be immediately available.
5. Refueling will not take place while electrical storms are in progress or within 10 miles of the refueling operations.
6. No smoking or open flames allowed with 50 feet of refueling operations.
7. On long transports with distances requiring additional fuel, MCC will inform the pilot of the FBO to be used for refueling and the method of payment.
8. During Helicopter patient missions, the pilot and crew shall make a determination of when to obtain fuel to expedite completing the patient mission. Generally, it is recommended to drop the medical crew at the referring facility prior to fueling.
9. Fuel is available 24 hours a day at Toluca International Airport.



Subject: AVI 002 Refueling of Aircraft with Patient on board (JAR-OPS 1.305 – FAR 121.570)

Purpose: To establish clear safety guidelines, to prevent any possible fire while fueling with patient/passengers on board.

To establish a plan of action in case of a significant fuel spill or fire while fueling with patient/passenger on board

Policy:

Refueling with kerosene (JET A is allowed when patient/passengers are boarding, onboard, or disembarking.

Application: All Jet Rescue Aircraft with patient/passengers on board.

Procedure:

When patients/ passengers are on board the aircraft, precautions must be taken to ensure that they can be evacuated, in the rare case that a fire may occur.

1. These precautions must be taken by the ramp agent, the flight crew, and the medical crew:

2.1 The ramp agent must ensure that:

- The flight crew, cabin crew are at their stations
- The area of the exits intended for emergency evacuation is kept clear
- The Fire Department is standing by

2.2 The flight crew must:

- Establish communication with the ramp agent
- Inform the medical crew of the beginning and end of refueling
- Listen for fire warning from the ramp agent, medical crew or other personnel
- Be prepared to initiate Patient/passenger evacuation if necessary.
- Maintain the exits clear of obstruction.
- Stop refueling upon flight crew request.

2.3 The medical crew must:

- Establish communication with the flight crew
- Inform passengers not to smoke and not to use cellular phones
- Unlock the Aerosled from the Lifeport Base or Egan Stretcher
- Inform passengers to unfasten their seat belts
- Ensure that emergency exits remain clear of obstruction
- Ensure that the "EXIT" sign is on
- Ensure that ground servicing (e.g. catering or cleaning) cannot create a hazard, or delay an emergency evacuation.
- If fuel vapor is detected inside the aircraft, or if any other hazard occurs, refueling must be stopped immediately.



2. Evacuation/Disembarkation

In the case of a fire resulting from fueling operations, or from a large fuel spillage, precautionary disembarkation or an emergency evacuation may be performed. In both cases, the same recommendations apply. Good communication between ground personnel, the flight crew, and the medical crew is a key factor in achieving a successful evacuation/disembarkation.

3. Safety Precautions

Fuel vapors from the aircraft are heavier than the air. These vapors dissipate slowly, therefore, any spark near the refueling area becomes a major fire threat. During refueling operations, it is recommended to:

- Ensure that the aircraft is properly bonded to the tanker: It sets the same electrical potential between the two vehicles and eliminates the majority of the risks of sparks
- Ensure that the tanker and the aircraft are properly grounded (If a suitable ground is not available, the aircraft can be bonded to the tanker only). Always connect the ground cable to the parking ground point (or to the tanker) before connecting it to a grounding point on the aircraft.
- Ensure that no HF transmission (including HF transmission via the HF DATA LINK pb) is performed during refueling operations
- Synthetic clothes can produce sparks in a dry atmosphere. It is better to wear cotton clothes when approaching areas where there may be fuel vapors
- Be aware that the connection or disconnection of electrical equipment, overheating external lights, the use of photographic flashlights, are potential spark sources
- Turn off cellular phones, as a precaution.

4. Prevention Strategies

- In the case of a significant fuel spillage near the aircraft, precautionary disembarkation will save time if an emergency evacuation becomes necessary.
- If a fire starts despite all the precautions taken, it is important to remember that a fire can spread rapidly. Therefore, all applicable personnel must rapidly take action without hesitation. This highlights the importance of training.



Subject: AVI 003 International Departures From Toluca Airport (MMTO)

Purpose:

1. To minimize departure times when departing from Toluca (MMTO) to an international destination.
2. To avoid or minimize Aircraft Battery usage when departing to an international destination.
3. To minimize aircraft cycles when departing to an international destination

Policy:

1. When departing Internationally from MMTO the aircraft will be towed to the customs ramp by our tow truck.
2. Engines will not be turned on to taxi to the customs ramp

Application: All Jet Rescue Air Ambulance Aircraft Departing Internationally from Toluca

Procedure:

When departing Internationally from MMTO, the pilots must request our maintenance department to tow the Jet to the customs Ramp.

After Clearing Outbound customs maintenance personnel will connect the portable power Unit to the Aircraft

Pilots MUST AVOID at all times turning on the engines without Ground Power Unit at the Customs Ramp

If No GPU is available from maintenance the alternate plan must be followed:

- a. Advise Customs Agents that the aircraft needs a GPU to turn On
- b. Request Customs Agents to Clear the Aircraft in SAE
- c. Request SAE the use of a GPU
- d. Have our ground support personnel pay for the related fees
- e. **Pilots MUST NOT waste time paying for fees.**



Subject: AVI 004 Altitude Limitations

Purpose: To establish guidelines for altitude restrictions when Departing Toluca Airport

Policy: Toluca Elevation is 8466 FT ASL with a runway length of 13,780 ft. This elevation imposes limitations to both Learjets and Helicopters

Procedure:

During Helicopter transport, patients are to be monitored for the effects of altitude per-protocol (see "Patient Transport Protocol"). Prior to lift-off, the crew is to discuss the patient and altitude needs with the pilot.

Learjet 25-D

CAE SimuFlite

Flight Planning

TAKEOFF

FLAP 8° PA 8,000 FT

			TEMPERATURE					
			°F	0°	25°	50°	75°	100°
			°C	-17°	-4°	10°	24°	38°
GW X 1000			TAKEOFF POWER (EPN) SETTING					
			2.53	2.44	2.36	2.28	2.16	
V _R 130 V ₂ 129 V _{YS} 159	15	V ₁ Runway Length	128	129	-	-	-	
V _R 128 V ₂ 127 V _{YS} 157		V ₁ Runway Length	5880	6750	-	-	-	
V _R 126 V ₂ 125 V _{YS} 155		V ₁ Runway Length	124	126	128	-	-	
V _R 124 V ₂ 123 V _{YS} 153	14.5	V ₁ Runway Length	5450	6150	7000	-	-	
V _R 122 V ₂ 121 V _{YS} 151		V ₁ Runway Length	121	122	124	-	-	
V _R 120 V ₂ 119 V _{YS} 149		V ₁ Runway Length	5050	5550	6250	-	-	
V _R 118 V ₂ 117 V _{YS} 147	14	V ₁ Runway Length	119	119	121	124	-	
V _R 116 V ₂ 115 V _{YS} 145		V ₁ Runway Length	4650	5050	5700	6900	-	
V _R 114 V ₂ 113 V _{YS} 143		V ₁ Runway Length	114	115	117	121	-	
V _R 112 V ₂ 111 V _{YS} 141	13	V ₁ Runway Length	4250	4650	5200	6025	-	
V _R 110 V ₂ 109 V _{YS} 139		V ₁ Runway Length	111	112	114	117	-	
V _R 108 V ₂ 107 V _{YS} 137		V ₁ Runway Length	3925	4250	4750	5450	-	
V _R 106 V ₂ 105 V _{YS} 135	12.5	V ₁ Runway Length	108	108	110	113	-	
V _R 104 V ₂ 103 V _{YS} 133		V ₁ Runway Length	3580	3930	4350	4975	-	
V _R 102 V ₂ 101 V _{YS} 131		V ₁ Runway Length	105	106	107	110	117	
V _R 100 V ₂ 99 V _{YS} 129	12	V ₁ Runway Length	3350	3680	4100	4625	5600	
V _R 98 V ₂ 97 V _{YS} 127		V ₁ Runway Length	102	103	104	107	114	
V _R 96 V ₂ 95 V _{YS} 125		V ₁ Runway Length	3150	3450	3850	4325	5200	
V _R 94 V ₂ 93 V _{YS} 123	11	V ₁ Runway Length	100	101	103	106	112	
V _R 92 V ₂ 91 V _{YS} 121		V ₁ Runway Length	3000	3275	3630	4125	4880	
V _R 90 V ₂ 89 V _{YS} 119		V ₁ Runway Length	100	100	102	105	111	
V _R 88 V ₂ 87 V _{YS} 117	10.5	V ₁ Runway Length	2900	3150	3450	3925	4700	
V _R 86 V ₂ 85 V _{YS} 115		V ₁ Runway Length						
V _R 84 V ₂ 83 V _{YS} 113		V ₁ Runway Length						
V _R 82 V ₂ 81 V _{YS} 111	10	V ₁ Runway Length						
V _R 80 V ₂ 79 V _{YS} 109		V ₁ Runway Length						
V _R 78 V ₂ 77 V _{YS} 107		V ₁ Runway Length						

V_{ENR} = 220 KIAS (Learjet 25 D/F) V_{ENR} = 225 KIAS (Learjet 25 B/C)

Zero wind, zero runway gradient, anti-skid operative and anti-ice systems off.

V₁, V_R, V₂ and V_{LS} = KIAS

GW x 1000	15	14	13	12	11	10	9
V _{REF}	131	127	123	119	114	109	103

Learjet 25 Century III Wing with Softlite

Learjet 25 B/C/D/F Operating Handbook

Developed for Training Purposes Aug 98

F-7



Subject: AVI 005 Carry-on Luggage

Purpose: To maintain the aircraft below maximum gross weight, and to screen carry-on luggage for size, weight, and hazardous materials.

Policy:

1. Due to space and weight limitations, one piece of luggage per person of the size indicated in this diagram will be allowed on Jet Rescue aircraft. If there is more than one piece of luggage per person Client must arrange to have it shipped via a standard commercial airline or freight carrier.
2. Travel companions besides the patient are allowed onboard our Learjets. Additional passengers and additional luggage must be carefully evaluated.
3. No passengers or luggage are permitted onboard our helicopter.

Procedure:

All luggage will be visually inspected by either the pilot or medical crew member for hazardous material. The pilot will determine if there is available room based on the size and weight of the additional luggage.

Allowed Dimensions: 24" X 10" X 16" Centimeters 32 X 20 X48





Subject: AVI 006 Fly Safely /Noise Abatement

Purpose: To address the impact of Medical Jets and helicopters and the needs of the community.

Policy: Jet Rescue shares air space with many other people. It is our desire to work alongside our neighbors in a cooperative manner.

The Fly Safe Policy incorporates elements of operational, maintenance, weather, and aviation safety standards as outlined in the Federal Aviation Regulations (FAR) parts 91 & 129 as well as AFAC Regulations.

All personnel are trained to these high levels of aviation safety.

Application: All Jet Rescue Flights

Procedure:

Helicopter Noise abatement is addressed by operating at cruise altitudes well above the 300-foot minimum Established in FAR 135.203 (b). A typical Helicopter medevac flight is at or above 1000 feet over terrain or as directed by Air Traffic Control. The pilot is expected to exercise good judgment in factoring in the flight parameters with the segments of the transport being flown (i.e. Take-off, cruise, descent, landing, or accident scene factors while airborne).

Learjet 25 Noise Abatement Procedure

When in noise-sensitive areas, the following noise abatement procedure is recommended:

1. Set takeoff power prior to brake release.
2. Perform normal takeoff through rotation and liftoff.
3. Establish and maintain an initial climb speed of $V_2 + 20$ KIAS.



This climb speed will normally require an 18 ° to 20° pitch attitude. Limit pitch attitude to 20° for passenger comfort.

4. Perform thrust cutback to 90% RPM at 400 to 1000 feet AGL depending upon local airport noise sensitivity.



Under some ambient conditions, the cutback thrust setting may not provide the required climb gradient in the event of an engine failure. If an engine should fail, advance the remaining engine thrust to take off EPR.

5. Continue climb at the above conditions until clear of the noise-sensitive area or 3000 feet AGL. Then set climb thrust and accelerate.

6. Retract flaps at $V_2 + 30$ KIAS and accelerate for a normal climb.

Integration with the community involves the aviation concept of the “Good Neighbor”. The pilot on-duty may address noise concerns from the community. Noise complaints are to be handled over the telephone by MCC and the duty pilot in a polite and professional manner. Unresolved issues are forwarded to the Lead Pilot and Program Director if needed.

Jet Rescue pilots are to maintain a good working relationship with the Toluca International Airport and Mexico City Airport. They are expected to respond to both noise complaints and local fixed-wing traffic issues.



Subject: AVI 007 Hangaring the Aircraft

Purpose: To facilitate safe storage of the Aircraft

Policy: Jet Rescue Pilots should remain in the hangar until the aircraft is properly parked inside our hangar.

Application: All Flight Crews

Procedure:

Pilots are responsible for leaving aircraft in Mission Ready Status including all paperwork, headsets, iPads, etc.

If the Medical Cabin is clean and in mission-ready status Pilot should lock the aircraft.

If Medical Crew is still cleaning and stocking the airplane Pilots may leave and Paramedic on duty must lock the aircraft.

If there are mechanical issues, aircraft may remain open, maintenance technician in charge of the aircraft is responsible for the aircraft and contents.

NARCOTICS MUST BE REMOVED FROM AIRCRAFT AT ALL TIMES



Subject: AVI 008 Management of aircraft waste fuels

Purpose: To facilitate and ensure the safe disposal of waste products from the aircraft and fuel storage system

Policy: Outlined below is the process involved in obtained samples for testing, as well as the proper disposal afterward.

Application: All Jet Rescue Aircraft

Procedure:

1. 500 CC fuel sample is obtained daily from the aircraft according to Federal Aviation Administration regulations and are visually inspected and stored in a glass bottle within a plastic container for 24 hours. After 24 hours, a new sample is obtained and the previous one will be placed into the appropriate 50-gallon container.
2. The fuel is cycled through the fuel storage filtration system for 10 to 15 minutes daily. A-one Liter sample from the filter system is obtained and visually inspected and placed into the appropriate 50-gallon container.
3. Every day, a sample is obtained from the low point on the 6000-gallon fuel storage system and visually inspected before being placed into the appropriate 50-gallon container.
4. The 50-gallon containers for all fuel samples are stored in a separate OSHA approve container which is located in the catchment area for the 6000-gallon storage tank.
5. An independent company will be contacted for the removal of the 50-gallon containers and the proper disposal of their contents. The containers are picked up as needed
6. For further instruction, refer to Hazardous Chemical Waste Management Plan.



Subject: AVI 009 Notification of Add-On Equipment

Purpose: To maintain the aircraft below the maximum gross weight and to monitor the aircraft weight and balance parameters.

Policy: Due to space and weight limitations, additional equipment must be carefully evaluated

Application: Jet Rescue Flights with extra equipment including incubator or other heavy equipment.

Procedure:

1. The on-duty pilot will be notified of any new or replacement medical monitors or other equipment. This equipment will not be placed on the aircraft until the duty pilot has weighed it and redone weight and balance calculations.
2. The pilot and crews will work together on the placement and securing of this equipment. They will consider weight and balance along with utilization in placing and securing this equipment on the aircraft.



Subject: AVI 010 Scene Landings and Takeoff (Helicopter)

Purpose: To establish minimum expectations for all scene landings and take-offs.

Policy: An accident scene represents a situation with a unique risk that must be addressed in a specific, consistent manner. Pilots will perform the following procedures:

Application: All Helicopter Flights involving a scene landing or takeoff

Procedure:

1. On approach, the aircraft will first make a 'high' reconnaissance pass to detect any hazards. The second 'low' reconnaissance pass is to detect actual hazards in and around the landing Zone. **No landing is permitted in an LZ when hazards identified by the landing crew HAVE NOT been identified by the flight crew.** The flight crew is not to assume that the landing crew has identified all hazards and should be wary of additional hazards. The flight crew should be aware of the line of sight of the landing crew and that ground personnel can be blocked from seeing a hazard that is visible from the air. It is the teamwork of these two perspectives that provides for a safe landing environment.
2. For nighttime landings, the ground crew should adequately illuminate the landing zone as espoused in the helicopter training guidelines. The aircraft utilized by Jet Rescue must have the capability of lighting up the landing zone such that all hazards can be identified and the landing zone adequately seen.
3. Direct communication with the landing zone coordinator (LZC) is important in order to provide proper identification of the landing zone itself and all hazards. Direct communication with the LZC at times will fail. The following should then occur:
 - a. Verify frequency, any PL tones, and contact personnel
 - b. Reload frequency and reattempt
 - c. Identify and load alternate frequency(ies) for the same or a second on-scene agency
 - d. Use indirect contact through 911 agency. (Have LZC switch radios)
 - e. Use indirect contact through MCC

Landing may be possible without direct or indirect communication with the LZC, provided the flight crew can identify hazards and the LZ is adequate with an unobstructed approach path.

During the daytime and in good weather, this represents little to no additional risk. At night this represents a substantial increase in risk and necessitates careful evaluation by the flight crew. There will be situations such as a large, lighted mall parking lot that will be safe. Other situations will require an alternate landing zone or abortion of the flight.



4. The FAA and AFAC mandate that the pilot has ultimate responsibility for the safety of aircrew and the aircraft. In reality, each person is responsible for his or her own safety. A flight or landing will be aborted if any one crew member feels it is not safe. This decision is above the question.
5. The minimum landing zone area should be 100' by 100' day or night. It should be free of debris, obstruction, ditches, stumps, signs, and other such hazards. When indicated dust, straw, and the similar loose matter should be blown off or wetted down prior to landing. A nominal slope is allowable and depends on the make and model of the aircraft.



Subject: AVI 011 Weight and Balance

Purpose: To ensure the proper weight of personnel and equipment on different aircraft.

Policy: Weight and balance must be performed before each flight

Application: All Jet Rescue Flights

Procedure:

1. All transport personnel will be weighed in accordance with the departmental, "Fitness for Duty" program. The crew members must be weighed in full uniform with all carry-on equipment. The pilot on duty will be responsible for documentation
2. All equipment placed on the helicopter must be weighed and documented.

The pilot in command must have a copy of all equipment and weight.

It is the responsibility of the pilot on duty to perform the weight and balance prior to each mission.



Subject: AVI 012 Alternate Airports/Diversion:

Purpose: To establish a contingency plan in case of a diversion.

Policy:

1. The diversion of a mission in progress may be indicated in medical emergencies or weather/safety conditions.

Procedure:

1. For aircraft safety and weather conditions, the pilot in command will have the final and authoritative decision on alternate airports.
2. If forecast weather conditions are marginal, the crew should preplan for diversion and coordinate with ground ambulance and receiving hospital.
3. The decision to attempt a landing at an airport with the possibility of diversion to a more distant airport with more favorable weather conditions will be made by the pilot in command.
4. Inflight diversion due to mechanical problems will be determined by the pilot. The medical team will coordinate with the mission coordinator as soon as possible to arrange for the continuation of the mission or to fly a backup aircraft to the alternate airport.
5. Medical emergencies which arise during a flight will be handled immediately by the medical crew. The possibility of diversion to a different airport in order to handle the medical emergency must be weighed against the availability of appropriate medical care at the alternate airport.
6. The medical crew will attempt to contact the medical director if there is any question regarding a diversion. If a true emergency exists, the medical crew will ask the pilot to divert to the closest airport where appropriate medical care can be given. The final decision regarding landing at a particular airport will rest with the pilot in command.
7. If the medical condition deteriorates during startup or taxi, do not take off until all medical problems are corrected. If needed, return to the ramp and if indicated return to the referring hospital.

General Guidelines:

- Plan for contingencies before beginning a flight. What are the alternate landing airports along the route of flight? Are there appropriate medical facilities near the route of flight? If the weather is bad, what is the extra ground time needed to transfer the patient from the alternate airport?
- During poor weather conditions, coordinate in advance with the receiving hospital on an alternate airport.
- All critical care flights will have designated alternate airports where appropriate medical care can be rendered if the patient's condition deteriorates.
- When transferring the patient by ground ambulance to the airport, have the ambulance wait until the aircraft has taken off and left the area before leaving. If the aircraft has to return to the ramp because of mechanical or patient problems, the ambulance will be readily available.



Subject: AVI 013 Patient Weight Limitation

Purpose: To establish Guidelines when transporting bariatric patients

Policy: Jet Rescue will routinely transport patients not exceeding 350 lbs or 158 KGS, however, if the need arises to transport a heavier patient Jet Rescue will utilize other means of transport to include Cargo Airplanes.

Learjets have limitations as to the size of the patient since the doors are only 36 or 24 inches or 91 cms or 60 cms

Application: All Jet Rescue Flight

Procedure:

The MCC will always obtain the size and weight of the patient to be transported.
This information will be shared with the flight and medical team along with a complete medical report.



VOLUME 4

SAFETY



Subject: SAF 001 Aircraft and Ambulance Security

Purpose: Define how Jet Rescue ensures the security of its vehicles.

Policy: All Jet Rescue vehicles must be locked and under video surveillance when parked at our home base

Procedure:

1. The aircraft is located at Toluca International Airport our home base.
2. Aircraft must be locked at all times
3. Designated Crew (Medical and Flight) have keys to Access aircraft
4. If the aircraft is undergoing maintenance, the mechanic working on the aircraft is responsible for aircraft security.
5. There is a security camera with a video feed into the MCC center that allows for 24 hr observation of the Hangar.
6. The ambulances are kept locked when not in use.
7. The building is secured with an alarm system that is activated when no crews are on site. A video camera provides a feed of the parking lot to Dispatch 24 hrs. a day.



Subject: SAF 002 Work Health and Safety

Purpose:

1. To promote the highest practicable standard of work health and safety for Jet Rescue Staff and to ensure compliance with all FAA and AFAC regulations standards and codes of practice for ensuring workplace health and safety.
2. To provide the necessary direction and support to ensure Jet Rescue meets its responsibility and accountabilities under the requirements of the work health and safety legislation and associated regulations.
3. To provide clear guidelines for all Jet Rescue workers, passengers, and others in meeting their legal obligations.

Policy:

Jet Rescue is unequivocally committed to ensuring a safe and healthy environment for staff, patients, passengers, visitors, contractors, related entities, and other individuals or external organizations, which may be affected by its operations. This commitment recognizes that every person has the right to a safe and healthy working environment and that each individual has a prime responsibility to co-operate in the preservation and improvement of all work health and safety measures of Jet Rescue activities.

Jet Rescue considers prevention of injury or ill-health to all individuals foremost in conducting its activities. Therefore, Jet Rescue is not only committed to ensuring that all legislative requirements are met but to maintaining a position of excellence through a systematic and preventative approach in handling the workplace health, safety, and welfare issues affecting its activities.

In observance of these commitments, And In conjunction with this policy, a series of procedures and programs on specific safety and health matters will be prepared, issued, and reviewed on a regular basis or as legislative changes occur.

Supervisors will be trained and held responsible for ensuring that the workers, under their supervision, follow this policy. They are accountable for ensuring that workers use safe work practices and receive training to protect their health and safety.

Supervisors also have general responsibility for ensuring the safety of equipment and facility.

Throughout all levels of management, Jet Rescue will co-operate with the joint occupational health and safety committee and workers to create a healthy and safe work environment. Co-operation should also be extended to others such as contractors, owners, officers, etc.

The workers will be required to support this initiative and to co-operate with the occupational health and safety committee or representative and with others exercising authority under the applicable laws.



It is the duty of each worker to report to the supervisor or manager, as soon as possible, any hazardous conditions, injury, accident, or illness related to the workplace. Also, workers must protect their health and safety by complying with applicable Acts and Regulations and following policies, procedures, rules, and instructions as prescribed by Jet Rescue.

Jet Rescue will, where possible, eliminate hazards and, thus, the need for personal protective equipment. If that is not possible, and where there is a requirement, workers will be required to use safety equipment, clothing, devices, and materials for personal protection.

Jet Rescue recognizes the worker's duty to identify hazards and supports and encourages workers to play an active role in identifying hazards and to offer suggestions or ideas to improve The health and safety program.

Jet Rescue will ensure, so as far as is reasonably practicable, the health and safety at work of their workers, as well as patients, contractors, visitors, and others. The implementation of this policy includes:

- a. The provision and maintenance of a work environment without risks to health and safety;
- b. The provision and maintenance of safe plant and structures as well as safe systems of work
- c. The safe use, handling, and storage of equipment, substances, and structures
- d. The provision of adequate facilities including ensuring access to those facilities
- e. The provision of any information, training, instruction, or supervision necessary to protect all persons from risks to their health and safety;
- f. That the health of workers and the conditions at the workplace are monitored to prevent illness or injury from arising in the workplace.

Flight Safety

Maximizing the safety of our crew members in the transport medical environment is a primary concern for Jet Rescue. We believe that the Responsibility for safety comes from every team member. Individual crew members must assist in maintaining their own safety or that of the aircraft and crew.

The provision of 24-hour availability of our services may result in the scheduling of medical staff for extended or rotating shifts. The negative impact of shift work on quality of life relationships with family and friends and job performance has been documented in various studies.

That fatigue resulting from shift work is an insidious cause of decreases in every aspect of physical and mental performance. Alertness, fine motor skills, and judgment deteriorate significantly when adequate rest is not obtained. A decrease in physical and mental performance jeopardizes SAFETY.

Jet Rescue provides the medical crewmember with rest quarters, we encourage exercise proper hydration, diet, and the minimal use of alcohol and tobacco. This will result in team members being more fit for duty. Additionally, drug use, both prescription and over the counter should be minimized and closely monitored in an effort to reduce the impact on mission readiness and health.

Jet Rescue scheduling of Medical Crew members assigned to the Helicopter provides a fixed schedule that does not change between night, evening, and day shifts, if a shift needs to be changed



it is made in a forward rotation. Scheduling of days off allows for maximum quality rest and transition between shifts. Jet Rescue utilizes a fatigue risk assessment tool.

Jet Rescue believes that effective teamwork and communication between crewmembers will save more lives than Nomex or helmets. This communication should include pre-mission and/or shift briefings, pre-flight checklists, post-mission briefings, and minimum requirement of annual safety training, to include education and practice of appropriate actions during an aircraft emergency. Data identified in the usually more formal and written post-mission briefings should serve as a basis for identifying potential problems and monitoring trends. This information should include feedback from all crewmembers involved in the particular mission, (including dispatch personnel), and should not be used as a punitive measure.

PERSONAL PROTECTIVE EQUIPMENT FOR FLIGHT CREW MEMBERS

Appropriate crewmember training, effective Crew Resource Management (CRM), and improved crew awareness are at least as important as what personal protective gear is worn. Perhaps the most important protective “gear” of all is the “putting on” of an attitude of personal commitment and responsibility to safety.

FLIGHT CREW REFUSAL TO PARTICIPATE IN A FLIGHT AS A RESULT OF CONCERN FOR PERSONAL SAFETY

Jet Rescue flight crew members have the responsibility to cancel a flight for the reason of concern for personal safety.



Subject: SAF 003 Aircraft Safety Daily Operations

Purpose: To establish safety guidelines while onboard the aircraft

Policy: All Jet Rescue Staff must comply with these safety guidelines.

Application: All Jet Rescue Medical and Flight crew members

Procedure:

1. All equipment will be secured before takeoff and landing.
2. No Smoking in or around the aircraft
3. The flight team and passenger(s) will wear seat belts and shoulder harness (Helicopter) at all times during a flight.
 - a. If leaving your seat momentarily, for the safety of the patient, the pilot will be notified.
4. Patients will be strapped to the stretcher at all times during a flight.
5. When the aircraft is on the ground and the crew seat belts/harnesses are not in use, the belts/harnesses will be strapped in place.
6. The flight team will wear helmets at all times (Helicopter) while the engines are running for the purpose of communication in case of an emergency, and to listen to Air Traffic Control.
7. The pilot is the final authority for:
 - a. Safety of flight, to include at least one team member staying alert / assist the pilot in staying alert on all legs of the transport. (Helicopter)
 - b. Selection of the Landing Zone
 - c. Continuing or cancellation of the flight due to weather or mechanical event
 - d. All equipment loading
 - e. Any item that is related to the operation of the aircraft
8. The flight team will never disembark the aircraft without the approval of the pilot
9. Trash will not be left on the aircraft
10. Extra equipment brought onboard the aircraft must be reported to the pilot. The pilot will check weight and balance.
11. Cabin dividers must be in place before lights are used in the cabin of the aircraft, except for gooseneck lights, if the beam is directed down or to the rear of the aircraft.
 - a. The pilot in command has the authority to ask that cabin lights be turned off or Minimized, particularly during takeoff and landing.
 - b. If the medical team is using handheld light (flashlights, penlights, etc.), every effort must be made to avoid shining the light toward the cockpit area.



Subject: SAF 004 Ambulance Safety

Purpose: To establish safety guidelines for ground operations

Policy: All Jet Rescue Staff must comply with these safety guidelines.

Application: All Jet Rescue Medical and Flight crew members.

Procedure:

1. All vehicles are to be operated in accordance with Local, Federal, State, and Hospitals Regulations. Some of the many issues addressed by these regulations include:
 - No Smoking
 - Patients restrained by stretcher straps
 - Stretcher and isolettes to be secured by the approved restraint system
 - Use of both lights and siren together when driving emergency traffic
 - Appropriate rest
 2. The ground operator is the authority for safety and operational issues. This includes; but is not limited to issues such as inclement weather, mechanical, equipment loading, and safe operation of the vehicle. The Medical Team is the authority for patient care issues.
 3. All equipment, medical items, and personal must be secured.
 4. Seat Belts: The Medical team and any passenger(s) will wear seat belts. When leaving the seat for patient care, the Medical Team will notify the driver they are out of their seat belt. Passengers must remain belted at all times.
 5. On non-patient legs of transport, a Medical Team member is to ride in the front of the vehicle. He/she is to function as an adjunct safety officer, providing a second set of eyes and an aid to navigation.
 6. The hydraulic lift is to be used on every mission done in units equipped with a lift.
 7. Compressed Gases: It is the duty of the Medical Team to determine if they have sufficient compressed air and oxygen for a given transport. Prior to departure for any transport the compressed gas tanks should have a minimum:
 - 700 psi M, G, H Tanks
 - 1000 psi D, E Tanks
- All compressed gases will be turned off prior to disembarking.
8. Fuel: All units are to be left fueled following each transport. Fuel is filled to full. Charge card/petty cash is to be carried to purchase fuel for a given transport. The ambulance is not to be fueled with a patient on board.



9. Any safety concerns should be debriefed following a mission. Safety incidents must be reported per policy.
10. If involved in an accident follow Jet Rescue Emergency Action Plan.
11. Ground operators: The backup camera on Unit 8, which is voice-enabled, is to be used anytime the ambulance is operated in a rearward direction. A spotter will be used when it is practical to do so.
12. All personnel is required to be familiar with all exits, fire extinguishers, and any other safety equipment mounted inside or outside the vehicle.



Subject: SAF 005 Aviation personnel training

Purpose: To define training and operational policies for pilots of Jet Rescue

Policy: Jet Rescue Pilots must comply with national and international requirements

Application: All Jet Rescue Flight crew members.

Procedure:

Refer to Med Jets Aviation Safety, Training, and Operations Policy Manuals.
Initial and ongoing training and operations of the aircraft to be consistent with
CAMTS standards 12.00.00



Subject: SAF 006 Back up Aircraft

Purpose: To facilitate turnaround time for backup aircraft and to ensure the safe operations of Jet Rescue transport service in backup aircraft.

Policy: When one of the permanent Jet Rescue aircraft goes out of service for an extended period of time and another aircraft is used to provide transport services the following procedure must be followed:

Application: All Jet Rescue Flight crewmembers.

Procedure:

An acceptance inspection will be performed by the on-duty pilot. The pilot, together with the mechanic, will validate the aircraft's paperwork and operational readiness. Once the backup aircraft has been accepted the following process will take place:

1. The flight coordinator will put the aircraft out of service while switching over equipment
 - a. Change Aircraft Status on the board
2. All available team members on duty will switch over equipment from the permanent to the backup aircraft.
3. The backup aircraft equipment checklist will be completed and signed as per routine daily equipment check-off.
 - a. A Quality Assurance Back-up Aircraft Checklist will also be completed to document review of items such as Door operations, Loading, and unloading of the stretcher, radios, etc.
4. After the completion of the checklist and the approval by the pilot and mechanic on duty, the aircraft will be placed in service.
 - a. Change Status board to vehicle back in service as per routine
5. At the beginning of each new shift, the oncoming crew will review the Quality Assurance Back-up aircraft checklist with the off-going crew and both crews will go to the aircraft and review appropriate aspects of the backup aircraft.
 - a. See addendum form "**Back up aircraft review sheet**"



Subject: SAF 007 Cellular Telephone Usage

Purpose: To provide the medical transport staff guidelines for using the cellular telephone

Policy: Cellular phones are allowed on all phases of the flight unless the helicopter pilot request not to use them.

Application: All Jet Rescue Flights

Procedure

1. The use of cellular telephones is permitted in the aircraft during all phases of flight, per the new Federal Communications Commission's Rules.
2. Ground Operators will not talk on a cell phone while operating the ambulance. A cell phone is a requirement on all ground ambulances. The cell phone may be utilized by other occupants in the ground ambulance while the vehicle is in motion.



Subject: SAF 008 Combative /Agitated Patient

Purpose: To establish guidelines to ensure patient, passenger, and or crew safety in the event of a combative patient.

Policy:

The pilot in command may refuse to transport under the following circumstances:

1. The patient cannot be adequately restrained to ensure the safety of all personnel.
 - If the restraint system fails during flight, the medical crew must notify the pilot in command of what action he/she may require, such as landing at the nearest hospital/Airport or appropriate landing site
2. If a patient is in the custody of law enforcement officials and is to be transported, the following measures must be followed:
 - No firearms will be carried in the patient care area
 - It is the responsibility of the officer to ensure the medical team safety while around the inmate

Application: Flights where a patient is or becomes combative

Procedure:

1. Communications will notify the pilot in command and medical attendants when confronted with the transportation of a violent, suicidal, or law enforcement confined patient.
2. Prior to the transport, the medical team should complete a thorough physical examination of the patient.
3. Patients who have exhibited violent behavior may be considered for transport under the following conditions:
 - The patient is adequately physically restrained prior to transport
 - The patient is chemically restrained



Subject: SAF 009 Criteria to use lights, siren, and speed limitations

Purpose. To provide criteria for the use of red lights and sirens during patient transports

Policy: There are very few occasions when the ambulances need to be driven under emergency conditions. When it does become necessary follow this procedure:

Application: Ground Ambulance Transports

Procedure:

1. Turn on emergency lights, including headlights, but not hazard lights.
2. Use lights and a siren when approaching an intersection or side road.
3. Use lights and siren when overtaking traffic.
4. Pass only when other traffic has yielded the right-of-way.
5. Pass only when it can be done safely.

To gain the right-of-way in two-way traffic, when the car ahead fails to pull over, and traffic is approaching from the opposite direction:

- A. Use lights and sirens
- B. Be prepared for a sudden stop by the car ahead
- C. Pull ambulance over to the center of the road, keeping enough clearance to pull back in line should the approaching traffic fail to yield.
- D. When the way is clear, accelerate and pass quickly, but safely.

Go against stoplights and stop signs only after coming to a complete stop and being certain that the cross traffic has stopped, then proceed cautiously. Stop at all intersections when the stop sign or signal is in your direction.

The ambulance driver is responsible for the safe and prudent operation of the vehicle.

Under no condition is the driver justified in driving above the posted speed limits and as appropriate for current road conditions.

6. Patient considerations:

- A. Difficulty in sustaining the A-B-Cs including, but not limited to:
 - * inability to establish an adequate airway or ventilation
 - * severe respiratory distress not responsive to available field treatment
 - * severe cardiovascular instability unresponsive to available field treatment
 - * severe uncontrolled hemorrhage
 - * potentially lethal cardiac dysrhythmias
 - * severe trauma
 - * severe neurological conditions
 - * obstetrical including, but not limited to a prolapsed cord, premature labor complications, breech presentation, ruptured ectopic pregnancy



If an inter-facility transfer requires red lights and siren transport for long distances (greater than 25 miles), an alternative form of transportation should be considered.



Subject: SAF 010 Defibrillation in the Air

Purpose: To establish guidelines to follow when it is necessary to defibrillate a patient while in flight.

Policy: When defibrillation is necessary, the flight crew will always notify the pilot prior to each discharge and proceed with the defibrillation.

Application: Flights where the need to use a defibrillator arises

Procedure:

The flight team will take all standard precautions to ensure the safety of the flight team, including calling, "Clear", and making sure no one is in contact with the stretcher, etc. during discharge.

Special Considerations: In the event that two patients are on board and one requires defibrillation, remember the clearance requirements for a discharge (not being in contact with the other stretcher or patient) and the minimal movement for the flight crew in between patients.

Aircraft Safety: The avionics onboard the aircraft are protected by the floor being bolted directly to the airframe, which serves as the common ground.



Subject: SAF 011 and Emergency Actions Radio Transmissions

Purpose. To establish behavioral guidance to Medical Crew Members when an emergency takes place

Policy: Listed below are the possible emergency radio transmissions that could be Heard from a Jet Rescue Aircraft:

Some emergencies, as those preceded by '**mayday**', are of a serious distress nature and will require immediate action from the pilot.

Some other emergencies may require the pilot to divert to an airport or make a precautionary landing in a field (helicopter).

These types of emergencies will often allow the pilot more time to speak with either the MCC or the ATC about specifics such as requesting a ground ambulance to meet with them at the landing site.

Application: Aircraft suffering an Emergency

Procedure:

The pilot's priorities are: Aviate – Fly the aircraft
Navigate- Guide the aircraft to an appropriate landing site
Communicate-During an emergency, radio traffic has a secondary priority.

Medical Crew Members must NOT interfere in the Cockpit at all (Sterile Cabin)

Medical Crew Members must follow the pilot's instructions if assistance is needed.

If the pilot does not request any assistance Medical Crew Members must follow the Emergency procedures established on the safety card.

If feasible, Medial Crew will assist passengers and patients in following emergency procedures



Subject: SAF 012 Hazardous Materials

Purpose: To establish guidelines for aircraft and ambulance operations in and around areas that have or may have hazardous materials.

Policy: In today's environment there are many hazardous materials deriving from a host of sources. A hazardous material is one that is toxic, poisonous, flammable, explosive, an irritant, or radioactive in nature

Application: Flights where there are Hazardous Materials

Procedure:

Aircraft designs do not permit the transport of patients involved in hazardous materials since it does not allow for

- Ongoing decontamination
- Rapid ventilation
- Rapid disembarkation once a previously unrecognized hazardous material has been identified

In addition, the design is such that space is confined, thus compounding the problem of potential/probable exposure to staff.

The aircraft is not equipped with specialized equipment needed to protect the crew from contamination.

For ground ambulances, the ability to decontaminate and ventilate is improved. When there is a known exposure, this offers the best mode of transport for many patients.

The staff is trained only at the basic responder level and is not expected to manage a hazardous material response. Their training is oriented toward identification, personal safety, and preventing further exposure. There are some patients that once decontaminated, could be flown. For example, a patient soaked in diesel fuel has had his clothes removed and has been adequately washed down. It is imperative to have rapid accurate identification and assessment of any hazard that may be present for both air and ground transport.

1. Requests for transport from a scene (Helicopter) where there are suspected hazardous materials spilled which may be aggravated by the rotor wash will be declined. If there is a possibility that the agent will affect the crew or pilot, the transport will be declined.
2. Action to protect the crew and aircraft is the priority. The landing zone or airport should be upwind from the incident at a distance of 1500' minimum.
3. In the event of an inadvertent landing at the scene of a Hazmat incident, the patient may be transported if decontamination has been completed. The flight crew and pilot must concur that the patient is of no risk to the crew or aircraft.



4. Guidelines for handling Hazardous materials may be found in the Hazmat Emergency Response Guide. A copy of this guidebook is to remain in the aircraft and on all ambulances.
5. In the event Jet Rescue is requested to transfer a patient who was involved in a Hazmat incident, the crew should confirm that the patient has been appropriately decontaminated. The Medical Director should be consulted.
6. Upon receipt of transport request, MCC will ask:
 - If any hazardous material is known or suspected to be present
 - Does the patient have or potentially have an exposure
 - What is the hazardous material
 - Notify the pilot, driver, medical crew, and MCO of any potentially hazardous material or exposure
7. The transport crew is expected to voice all concerns regarding hazardous material patient transport. They are expected to request the transport to be aborted if they feel anyone's safety is in jeopardy in any manner. **Any single member can abort the mission for safety reasons.**
8. Upon termination of the transport, the aircraft/ambulance will be appropriately cleaned and decontaminated. If necessary, the crew will follow up with employee health for assessment and medical monitoring.



Subject: SAF 013 Helmets on Helicopter Flights

Purpose: To maintain safety for the flight crew utilizing helmets on all Helicopter Transports

Policy: Helicopters produce a high level of noise, vibration, wind, and have external moving parts that could cause serious injury or death. Helicopters have small cabins, and that increases the chances of a head strike, possibility-causing injury, especially when flying through turbulence. To minimize the possibility of injury, hearing damage, and to maintain good quality voice communications between the flight crew, helmets will be utilized.

Application: Helicopter Flights

Procedure:

1. All flight and Medical crew personnel must wear approved helmets during flight, with the chinstrap secured properly. Crew riding in the cockpit must have eye shields down during flight.
2. During situations when the crew must exit and work outside of the aircraft while the engines are running helmets must be worn when the crew is within the landing zone perimeter (scene landing policy).
3. In the event of helmet failure during flight, the spare headset kept onboard should be utilized until the helmet can be repaired or replaced.
4. Before and after each use the helmet should be inspected for defects, missing or loose parts, and cleaned as needed. It is suggested to wipe the microphone lightly with alcohol to help prevent infection. If repair is needed, notify the person in charge of helmet maintenance.
5. When not in use, helmets should be kept in the designated helmet storage area. Personnel having assigned helmets are responsible for the helmet and should keep the helmet in its protective bag in a secure area.



Subject: SAF 014 Hot Loading /Unloading (Helicopter)

Purpose: To provide efficient and safe loading or offloading of patients with the helicopter rotor blades in motion. To ensure the safety of personnel involved with hot offloading or hot loading.

Policy: Jet Rescue Senior Medical Crew must exercise control of landing zone during Hot Loading /unloading

Application: Helicopter Flights

Procedure:

A. Hot Unload-Hospital

The number of personnel required for a hot unload will be specified by the flight team prior to landing. Once on the helipad, staff should put on appropriate personal protection equipment. Turn on the oxygen cylinder located beneath the transport stretcher. Check for the following: the tank is not leaking, adequate oxygen in the tank, and the flow meter is completely shut off. Hospital staff on the helipad to assist with the hot unload should not approach the aircraft until the flight crew member exits the aircraft and escorts them to the helicopter.

The decision to hot unload a patient will be discussed and decided by the pilot and medical crew. Assistance required for hot unload will be determined by the flight team. Notify MCC and specify exact assistance needed on the helipad. Upon landing, the team member in the rear-facing seat will exit the aircraft and walk to those assisting, give them instruction and approach the aircraft with the group. **The team will never run off the helipad with a patient. Never get on top of the gurney to do CPR while under the rotor blades.**

B. Hot Load-Scene

The length of time on the scene will determine the need for hot loads. The recommendation for a hot load will be made by the crewmember assessing the scene as soon as possible and communicated to the pilot. The team will specify a minimum number of persons to assist with loading and all non-essential persons will be kept at least 100 feet away from the aircraft. The assistants will leave the LZ from the front of the aircraft and the crewmember will close the clamshell doors.



Subject: SAF 015 Inclement Weather Aircraft

Purpose: To protect Aircraft from Inclement Weather

Policy: In the event that severe weather is forecast or observed to be approaching a Location where our aircraft is parked the following guidelines should be used to assist in protecting aircraft.

Application: Inclement Weather

Procedure:

1. Ice and Snow:
If ice and/or snow are forecast, and temperatures are forecast to remain at or below freezing after the passage of the weather system, the aircraft should be moved into the hangar.
2. Severe Thunderstorm and Tornado:
If severe thunderstorms with winds exceeding 45 knots, or tornado warnings are reported, the pilot must closely monitor the radar. If the pilot feels that the severe weather will pass close to, or over his location the aircraft should be moved into a hangar.
3. If the pilot is repositioning the aircraft to MMTO, then MCC must be notified. MCC will page Maintenance Department to notify that the aircraft is inbound for the hangar. The pilot does not have to wait for a response from Maintenance prior to repositioning to MMTO. The pilot does not have to wait for verification from the Base Manager or the Regional Manager to move the aircraft.
4. Notification to Administrator on Call or Program Director must be made by MCC and alerted on the aircraft position. The pilot on duty has the responsibility to make a sound judgment and act safely in making the decision to move the aircraft to the hangar.
5. Notification of the Base Manager can be made by the pilot if time allows or by MCC. If the Base Manager is unavailable, the Administrator on call may be notified directly.
6. The pilot should secure the ground handling wheels in the aircraft (Helicopter) to expedite hanging the aircraft.



Subject: SAF 016 Inclement Weather Ground Ambulance

Purpose: To protect Aircraft from Inclement Weather

Policy: In the event that severe weather is forecast or observed to be approaching Mexico City or Toluca the following guidelines should be used to assist in determining if, and when a mission should be accepted for Ground transport

Application: Inclement Weather

Procedure:

Severe weather may be any of the below:

1. Hail and Snow:
If ice and/or snow are forecast for the and temperatures are forecast to remain at or below freezing after the passage of the weather system.
2. Severe Thunderstorm, Floods, and Rain:
If severe thunderstorms with winds exceeding 45 knots, or Severe Hail are reported, the EMT should closely monitor weather reports
3. Notification to Administrator on Call or Base Manager must be made aware by MCC of the current conditions and possible affect on the ability to do missions
4. If during severe weather situations a request is made for a Ground mission, the EMT is responsible for doing weather and road condition checks along the intended route before accepting or declining the mission.
5. Severe weather addendum form should be used when documenting the declination or stacking of a mission due to severe weather conditions



Subject: SAF 017 Inoperable Landing Light (Helicopter)

Purpose: To establish Operational guidelines when having a landing light Failure during night flights.

Policy:

All available aircraft lighting should be utilized during night conditions. In the event that one or more of the aircraft lights become inoperable during or prior to landing at a night call, the following procedures should be followed.

Application: Inclement Weather

Procedure:

1. Depending upon the situation, the landing lights may be used individually or in combination to provide the pilot with the necessary illumination for a successful night approach and landing.
2. In the event that none of the light sources are operational, the pilot in command shall not attempt to execute an approach or landing during night conditions and report the situation to the communications center immediately.
3. The pilot in command shall proceed immediately to the helipad where the aircraft shall be placed out of service for night operations until at least one of the landing lights becomes operational.
4. The flight team should notify the MCC of the need to abort the mission.
5. The flight team should notify the referral agency of the need to abort the mission.
6. The communication center will obtain a current position from the aircraft and begin flight following procedures from the point of cancellation to the helipad.
7. The communication center will contact the requesting agency and advise them of the need to abort the mission due to mechanical reasons. Additionally, offer to make arrangements for alternative air transport.
8. The communication center will notify the mechanic on duty and request that he/she report to the hangar immediately.
9. The communication center will notify the Administrator on Call of the situation. He/She will be advised of the projected time for the aircraft to return to service.



Subject: SAF 018 Maintenance Distractions

Purpose: To minimize maintenance distractions in the mechanics' work area

Policy:

1. The director of maintenance has the overall responsibility to minimize the distractions in the mechanics' work area
2. Jet Rescue management will provide a distraction-free environment to the best of their ability.

Application: All Maintenance Staff

Procedure:

1. Mechanics will be afforded appropriate working conditions to safely and efficiently perform maintenance on Jet Rescue aircraft.
2. Mechanics will perform maintenance on Jet Rescue aircraft with a minimum of distractions. Aircraft tours, public relations events, janitorial services, etc., must be postponed if they involve the aircraft while maintenance is being performed.
3. The mechanic's phone must have voice mail or voice messaging.
4. Mechanic's worksite (hangar) must not be used as a gathering place/social area by the flight team while maintenance is being performed.
5. All calls and inquiries regarding the aircraft status will be screened.



Subject: SAF 019 Non-Reprisal Statement

Purpose: To minimize maintenance distractions in the mechanics' work area

Application: All Jet Rescue Staff

Policy:

Jet Rescue is committed to the safest operations and to employee safety in all aspects of the company work. Therefore, it is absolutely imperative that we have uninhibited reporting in all incidents and occurrences that in any way affect the safety of company flight and ground operations.

It is the responsibility of each employee to communicate immediately any information that may affect the integrity of our safety program. In order to promote a timely flow of information, this communication must be absolutely free of reprisal.

Jet Rescue will not initiate disciplinary proceedings against an employee who voluntarily discloses an incident or occurrence involving safety. This policy shall not apply to information provided to the company by a source other than the employee involved.

Communications should be in the form most appropriate for the situation. Emergency situations are to be immediately addressed with your Supervisor, or in their absence, via the MCC.

For non-emergency situations, in addition to contacting your Supervisor, please use the Special Reports Form That facilitates collecting and disseminating information.

**Safety is paramount. Safety is participatory.
We urge all employees to report events of occurrences for the protection of all.**



Subject: SAF 020 Patient and Passenger Safety

Purpose: To ensure patient and passengers safety and comfort

Policy: Jet Rescue is committed to provide safe and comfortable medical transport to all patients and travel companions

Application: All Jet Rescue Flights

Procedure:

1. All patients will be secured to the stretcher by three safety belts.
2. The following types of patients may be additionally restrained with arm, leg, and chest restraints:
 - * Psychiatric patients
 - * Head injury patients
 - * Patients with a known seizure disorder
 - * Intoxicated patients or those under the influence of psychotropic agents
 - * Overdose patients or attempted suicide patients
 - * Any patients who may represent a danger to the aircraft or crew
3. No smoking is allowed.
4. Patients will not be left unattended.
5. Ear protection will be available for patients.
6. All Passengers must seat in the rear diván or as directed by the crew.
7. All passengers must have Access to a pillow and blanket.
8. All Passengers must be offered to have basic catering (Drink Chips) during short flights in longer flights meals will be provided.



Subject: SAF 021 Reporting an Accident with a Ground Ambulance

Purpose: To Establish a standard process for reporting an accident with a Jet Rescue ground ambulance

Policy: Any incident involving a Jet Rescue Ground Ambulance shall be reported to the appropriate persons. Documentation of the incident and photographs if applicable shall be submitted to Jet Rescue Legal Department and any other appropriate departments or agencies. The Insurance company shall be notified of all incidents. If required, the ambulance shall be driven or towed to an appropriate location for repair.

Application: Ground ambulance accidents

Procedure:

Notification of an incident

1. After an incident occurs staff shall take appropriate action to remove the ambulance from the roadway if able.
2. Crew members shall evaluate themselves, the patient, other drivers, or passengers [if applicable] to determine a need for medical attention.
 - a. If Medical attention is required contact to the local 066 center shall be made as soon as possible
 - b. If Media is present all communications are to be directed to Jet Rescue Management.
3. A crew member shall make contact with MCC to notify them of the incident and convey all appropriate information.
 - a. Information may include, personnel or patient injuries, location of the incident, ability to move the vehicle, need for notification of local law enforcement
4. MCC will notify the Jet Rescue Legal Department, Insurance, and any other appropriate personnel within or any other external agencies as appropriate.

Documentation of the incident

1. As soon as possible, an incident report will be filed by the crew members involved and submitted to the Insurance and all other appropriate entities.
2. If appropriate, local law enforcement will be notified and a traffic accident report filed. A copy of the report will be obtained and kept on file with other documents for that vehicle.
3. Digital photographs of the accident scene [if applicable] and vehicle damage should be obtained as soon as possible
4. All appropriate documentation will be submitted to Jet Rescue Legal Department as soon as possible

Vehicle repair

1. If able, the vehicle should be returned to the Jet Rescue office so all appropriate documentation can be obtained
2. A written report shall be filled out noting required repairs and the vehicle will be taken to an appropriate location for repair.



Subject: SAF 022 Shift Safety Briefings

Purpose: To establish guidelines for shift briefings

Policy: Jet Rescue Crewmembers will conduct shift or preflight safety briefings at the beginning of each shift or before each flight. briefings will begin promptly at 08:10

Application: All flight and Medical Crew Members

Procedure:

1. Attendance by the oncoming crew is mandatory.
2. MCC is the designated location for the briefings.
3. Information to be gathered includes aircraft readiness, scheduled maintenance of aircraft, ground ambulances availability, scheduled public relation events, staff concerns, and a topic relating to aircraft safety or ambulance safety.
4. Following patient transport missions, a safety debriefing will be conducted by the crew and communicator involved with the transport.
5. Daily shift briefings are documented and filed in the Staff Assignment Book.
6. It is expected that a quiet and respectful atmosphere will be maintained by all staff during the shift meeting.



Subject: SAF 023 Sterile Cockpit

Purpose: To enhance safety during take-offs and landings

Policy: Certain portions of flight have a higher risk than others. Reducing distractions allows the pilots to focus on these tasks. 'Sterile Cockpit' is the operating technique of ceasing all non-safety-related and non-critical inter-communication (ICS), talking in the aircraft or to the pilot.

Application: All takeoffs and landings

Procedure:

Critical phases of flight for 'sterile cockpit' include but are not limited to:

- Starting/run-up
- Hover(Helicopter)
- Take-Off
- Landing
- Orbiting an accident scene prior to landing (Helicopter)
- ILS Approach with bad weather

In-Flight emergencies

1. The pilot in command will exercise the sterile cockpit condition as needed to safely facilitate flight operations and cease passing non-essential information during critical phases of flight.
2. While providing patient care, there will be times when the medical crew will have to communicate between themselves during these critical phases. In helicopters, the communication system has an isolated switch, which allows the pilot to isolate the cockpit from the cabin ICS traffic. The pilot will do this as needed in order to focus on flying the aircraft. The pilot and crew are expected to re-establish communication as soon as possible.

3. Pilot's priorities are:

- i. **Aviate – Fly the aircraft**
- ii. **Navigate – Guide the aircraft to the destination**
- iii. **Communicate – Last but not least, pass appropriate information.**

The MCC and the medical crew are asked to observe this policy. However, **it should in no way be interpreted to preclude advising the pilot of any safety concerns, situations, or critical information at any time.** Its purpose is only to preclude any inadvertent interruption of incoming or outgoing ATC communications during critical and high workload phases of flight



Subject: SAF 024 Survival Kit on Aircraft

Purpose: To establish guidelines for contents and maintenance of survival kit

Policy: The survival kits provide emergency equipment for use in locating a downed aircraft and providing protection for its occupants.

Application: All Jet Rescue Aircraft

Procedure:

1. The survival kit will be aboard the aircraft(s) at all times.
2. The survival kit will be located in the same place on the aircraft at all times.
3. All crew members will be knowledgeable regarding the location and contents of the survival kit.
4. The survival kit will be checked daily along with other aircraft equipment. This will include checking the expiration dates.
5. Minimum Contents:
 - Thermal protection bag
 - Signaling mirror
 - Waterproof safety matches
 - Survival marker in fluorescent orange
 - Whistle
 - Strobe light (Check the expiration date of batteries)
6. Personal flotation devices are located on the seats of all Learjets and on the clamshell doors of the Helicopter.
7. A flare gun is located in the front of the aircraft and accessible to the pilot.

**Jet Rescue encourages all Crew members to carry a personal survival kit.
For more information, refer to the Aviation Life Support Equipment Manual**



Subject: SAF 025 Use of Cabin Lights and Curtains in Aircraft

Purpose: To ensure the safe operation of aircraft at night by minimizing lighting distractions to the pilot.

Policy: During night operations (from sunset to sunrise), the following guidelines will apply:

Application: All Jet Rescue Night Flights

Procedure:

1. The curtains will always be closed when the patient compartment lights are on. It is advisable to close the curtains en route to a patient so valuable patient care time is not taken in closing curtains.
2. The pilot in command has the authority to ask that cabin lights be turned off or minimized, particularly during takeoff and landing.
3. If the medical team is using handheld light (flashlights, penlights, etc.), every effort must be made to avoid shining the light toward the cockpit area.



Subject: SAF 026 Safety Guidelines around the flight line

Purpose: To ensure safe behavior while at the Ramp.

Policy: All Jet Rescue Staff must comply with the safety guidelines while on the ramp

Application: All Jet Rescue Staff

Procedure:

Guidelines around the flight line

The flight line and aircraft operations are a dynamic and sometimes hazardous environment. These guidelines will help to maximize safety while working in and around aircraft.

- Never run on the flight line
- No smoking on the ramp or in/around any aircraft, fuel is often spilled on
- The ground and oxygen is onboard the aircraft
- Always be aware of taxiing aircraft and give them the right of way
- Never approach an aircraft that is starting up or has engines running
- Never walk near, around, or under engines or propellers
- Never walk under a wing
- Never approach a tail rotor
- Never place any object on the aircraft wing or any other surface because it has the potential to damage the aircraft
- Avoid walking directly behind running aircraft; this is especially true for jets as the jet blast can flow nearly 200 feet behind the aircraft
- Unless you are checked off to open or manipulate the aircraft door, have the aircraft flight crew or certified medical crew operate all doors
- Secure all doors before starting engines and never open the aircraft door while engines are running
- Always wear safety belts while in the aircraft, if you must move about in the cabin keep one hand free in case of turbulence
- Always make sure that equipment and luggage are secured in the cabin. Remember, any object has the potential for becoming a missile during turbulent flight conditions
- Use care when unloading a patient during the winter months, ice or slippery Surfaces can cause injury
- Never have more than one person standing on the aircraft door/stairs, know the weight limitation of the door, and never exceed the maximum weight
- Use extraordinary care when maneuvering ground ambulances around the aircraft, ideally, the ambulance should remain a safe distance away to avoid hitting the aircraft
- For night flights, turn off all cabin interior lights during takeoff and landing, use the black-out curtain during the normal cruise or keep interior lighting to a minimum.



Subject: SAF 027 Pre-Flight Safety Briefing

Purpose: To provide a guideline on items to check while performing a safety briefing

Policy: All Jet Rescue Staff must comply with these guidelines while performing a safety briefing

Application: All Jet Rescue Staff

Procedure:

Ground operations:

- Flight line safety
- No running/smoking
- Aircraft familiarization
- Aircraft systems, emergency exits
- Location of emergency equipment
- Auxiliary power unit

Aircraft pre-flight:

- Location of medical equipment and supplies
- Operation of aircraft doors
- Life Port Stretcher
- Egan Stretcher
- Medical Cabinets
- Medical and aircraft oxygen systems
- Preflight briefing,
- Stowage of luggage and securing equipment

Normal aircraft operations:

- Taxiing, takeoffs, and landings
- Acceleration/deceleration forces
- Normal cruise altitudes [specific for aircraft used]
- Turbulence
- Arrival/departure procedures
- Ear/sinus blocks
- Radio communication and air traffic control procedures
- Pilots roles and responsibilities,
- Medical flight crew roles and responsibilities.
- Enroute refueling with patient onboard



Inflight emergencies:

- Severe weather and diversion to an alternate airport
- system malfunction,
- inflight engine failure,
- inflight fire,
- precautionary landing [brace position],
- off-field landing,
- emergency locator transmitter [ELT],
- lost of cabin pressure
- time of useful consciousness [TUC],
- crash survival



Subject: SAF 028 Weather Minimums Local Area

Purpose: To provide pilots with weather minimum guidelines while flying in the Mexico City Metro Area

Policy: The pilot is responsible for ensuring that he/she has the most current weather information prior to accepting or departing on a flight.

Application: All Helicopter Flights

Procedure:

Weather Minimums:

Condition	Ceiling	Visibility
Local Day	500 Feet	1 Mile
Local Night: High Lighting Conditions:	500 Feet	2 Miles
Local Night-Low Lighting Conditions:	800 Feet	3 Miles
Cross Country Day	800 Feet	2 Miles
Cross Country-Night High Lightening Conditions:	1000 Feet	3 Miles
Cross Country-Low Lighting Conditions:	1000 Feet	5 Miles

The following definitions apply:

1. High Lighting Conditions: Conditions in which the cloud cover is less than broken [less than 5/8 cloud cover]. The time is between local Moonrise and Moonset and at least 50% of the lunar disk illuminated. Or, the entire operation is conducted over a lighted surface area.
2. Low Lighting Conditions: Other than the high lighting conditions described above.
3. Lighted Surface Area: A lighted surface area is an area in which prominent objects are lighted and surface lighting is an identify terrain features and establish a usable horizon reference. The lighting required to support this level of surface definition may be man made, natural, direct or indirect, or any combination thereof, provided these stated requirements and the requirements of 14 CFR 135.207 are met.
4. Moonrise, moonset, and percentage of lunar disc illuminated data shall be consistent with data available from the United States Naval Observatory.
5. The local flying area is described as the air space within a 50 NM radius of MMTO

All Jet Rescue pilots will comply with established Jet Rescue weather minimums and exercise good judgment in flight operations using weather forecasts provided by the National Weather Services, FAA, AFAC, Observatorio Meteorologico Nacional, and personal observations. Weather minimums established are higher than industry standards.



Subject: SAF 029 Patient Weight and Size Guidelines for Ground Ambulance

Purpose: To establish reasonable and prudent guidelines for patient size and weight for ground ambulance transport.

Policy: Ground Ambulances have limitations with regard to safe transport due to the size and weight of the patient. Stretcher design, loading mechanism, and installation location are the determining factors. These parameters vary with make and model.

Application: Ground Ambulance transports

Procedure:

Jet Rescue currently utilizes three (3) different designs for ground transport. Policy must therefore address each design. These guidelines address the parameters for:

'Large' modular ambulances	TYPE III
'Standard' modular ambulances	MODUVAN
'Van' ambulance	TYPE II

All patients transported must meet or comply with all of the following:

1. **Maximum Stretcher Capacity:** The patient loaded will not exceed the maximum gross weight of the stretcher. The current stretcher in use is a Stryker MX Pro and it has a maximum capacity of 500lbs. Patients up to this weight may be carried provided that in addition to meeting all other parameters, there is adequate lifting assistance to both load and unload.

NOTE: 30lbs of equipment cannot be placed on the stretcher along with a 490lb patient. In such a situation, the crew would have to carry the equipment in order to stay below the maximum stretcher capacity. The crew is expected to exercise prudence.

2. **Maximum Patient Width:** The width of the Stryker MX Pro stretcher is 22". In the interest of patient safety, the patient should be centered on the stretcher during transport. When secured in the ambulance, the center of the stretcher to the left Wall varies with ambulance design. The different designs can therefore accommodate patients of differing girths. For the designs currently in use at Jet Rescue, the following patient maximum widths are acceptable:

'Large' modular ambulances:	33"
'Standard' modular ambulances:	30"
'Van' ambulance:	27"

Off-center loading of patients compromises the ability to safely secure these large patients. The crew should give consideration to the patient's right arm.



3. Measurement: The transporting medical crew will measure and evaluate the patient and will be the final deciding authority on this issue.

Weight: The patient must be weighed on an accurate scale, if possible.

Width: The patient should be measured at three points in order to determine maximum patient width: across the shoulders, across the abdomen, and across the pelvis.

Personnel: At a minimum, two personnel will be utilized to load any patient. More personnel may be required. It is recommended that there be one loading personnel for every 75lbs. For example, to load a 300lb person, four staff is recommended.

Patients with weight in excess of 450 pounds should be considered for use of the Bariatric Stretcher



Subject: SAF030 Weight and Size Guidelines for Air Transport

Purpose: To establish reasonable and prudent guidelines for patient size and weight for air ambulance transport.

Policy: Jet Rescue will routinely transport patients not exceeding 350 lbs or 158 KGS, however, if the need arises to transport a heavier patient Jet Rescue will utilize other means of transport to include Cargo Airplanes.

Application: All Jet Rescue Flights

Procedure: The MCC will always obtain the size and weight of the patient to be transported. This information will be shared with the flight and medical team along with a complete medical report.

The BO105 utilized by Jet Rescue. has a small interior space, and uses a Ferno 28 Model stretcher with specific mounts. This Does not allow for a large patient to be physically placed in the aircraft.

Learjets utilized by Jet Rescue have limitations as to the size of the patient since the doors are only 36 or 24 inches or 91 cms or 60 cms. Lifeport Aerosled Max allowed weight is 350Lbs without accessories.

All patients transported must meet or comply with all of the following:

1. **Weight and Balance:** Prior to loading, the medical crew will find out, or estimate, the weight of the patient. This will be relayed to the pilot who will do a weight and balance for this transport. Loading of the patient will be based on the current weight and location of everything on the aircraft, including crew. The pilot is the sole authority for this issue. The aircraft is to be loaded and operated in accordance with the manufacturer, and AFAC/FAA regulations.
2. **Maximum Stretcher Capacity:** The patient loaded will not exceed the maximum gross weight of the stretcher. The current stretcher assigned to this Helicopter is a Ferno 28 Model and it has a maximum capacity of 350lbs. The stretcher used in the Learjets is a Life Port Aerosled and it has a maximum capacity of 350 lbs or 158 KGS Patients up to this weight may be carried provided that in addition to meeting all other parameters, there is adequate lifting assistance to both load and unload.
3. **Maximum Patient Width:** The width of the stretcher is 20". In the interest of patient safety, the patient should be centered on the stretcher during transport. When secured in either an aircraft helicopter or Learjet, the center of the stretcher to the left wall is the limiting factor. The current aircraft can therefore accommodate patients of 23" width.
4. **Maximum Patient Depth:** For the current BO105 aircraft used, the maximum vertical space available is 30 ó ". The stretcher is 3 ó " in height. The maximum patient depth of a supine patient is therefore 18".



5. Measurement: The transporting medical crew will measure and evaluate the patient and will be the final deciding authority on this issue.

Weight: The patient must be weighed on an accurate scale, if possible.

Width: The patient should be measured at three points in order to determine the maximum patient width: across the shoulders, across the abdomen, and across the pelvis.

Depth: The patient should be measured at the abdomen and at the chest to determine the maximum patient height.

6. Personnel: At a minimum, two personnel will be utilized to load any patient. More personnel may be required. It is recommended that there be one loading personnel



VOLUME 5

EQUIPMENT



Draguer Oxylog 3000

Purpose: Oxylog 3000 is a time-cycled, volume-constant, and pressure-controlled emergency and transport ventilator for patients with a tidal volume from 50 ml upwards.

1. Available ventilation modes:

- CMV/CMVAssist: Intermittent Positive Pressure Ventilation Controlled and assisted volume-constant ventilation with PEEP for CPPV
- SIMV/PS: Synchronized Intermittent Mandatory Ventilation Procedure For weaning patients off the ventilator after they have started spontaneous breathing, with adjustable pressure-assist during spontaneous breathing.
- CPAP/PS: Continuous Positive Airway Pressure. Spontaneous breathing with positive airway pressure and adjustable pressure assist.
- PCVt/PS: Biphasic Positive Airway Pressure. Pressure-controlled ventilation Combined with free spontaneous breathing during the complete breathing Cycle, and adjustable pressure-assist on CPAP level.

2. Preparation:

- Connect blue flow measuring hose to the blue socket
- Connect transparent flow measuring hose to the other socket
- Connect ventilation hose to socket on Oxylog 3000
- Connect bacterial filter or HME
- Connect Power supply
- Connect the gas supply-either oxygen or medical air

3. Check Readiness for Operation:

- Whenever the ventilator has been serviced or the ventilation Hoses changed
- At least every 6 months
- The following functions are checked with the menu-based test
 - Gas Supply Present
 - Hose System/Breathing valve connected
 - Alarm functions
 - Ventilation functions
 - Monitor functions
 - Test lung
 - Device Check

4. Operation:

- Switch Device On
- Set Ventilation Parameters
- Set Oxygen Parameters
- Set Alarm Limits

5. Troubleshooting

- Refer to Manufacturer's Guidelines for troubleshooting equipment
- Medical.best@draeger.com
- www.draeger-medical.com



EZ IO

Purpose: This policy delineates procedures for use of the EZ IO intraosseous infusion system

Indications: EZ-IO AD® (40 kg and over) & EZ-IO PD® (3 – 39 kg)

1. Immediate vascular access in emergencies.
2. Intravenous fluids or medications are urgently needed and a peripheral IV cannot be established in 2 attempts or 90 seconds AND the patient exhibits one or more of the following:
 - a. An altered mental status (GCS of 8 or less)
 - b. Respiratory compromise (SaO₂ 90% after appropriate oxygen therapy, respiratory rate < 10 or >40 min)
 - c. Hemodynamic instability (Systolic BP of < 90).
3. EZ-IO AD® & EZ-IO PD® should be considered PRIOR to peripheral IV attempts in the following situations:
 - a. Cardiac arrest (medical or traumatic)
 - b. Profound hypovolemia with alteration of mental status
 - c. Patient in extremis with an immediate need for delivery of medications and or fluids.

Contraindications:

Fracture of the bone selected for IO infusion (consider alternate site)

Excessive tissue at the insertion site with the absence of anatomical landmarks (consider alternate site). Previous significant orthopedic procedures (IO within 24 hours, prosthesis - consider alternate tibia). Infection at the site selected for insertion (consider alternate site)

Considerations:

Flow rate: Due to the anatomy of the IO space, flow rates may appear to be slower than those achieved with an IV catheter.

- Ensure the administration of an appropriate rapid SYRINGE BOLUS (flush) prior to infusion NO FLUSH =NO FLOW

- _ Rapid syringe bolus (flush) the EZ-IO AD® with 10 ml of normal saline
- _ Rapid syringe bolus (flush) the EZ-IO PD® with 5 ml of normal saline
- _ Repeat syringe bolus (flush) as needed

- To improve continuous infusion flow rates always use a syringe, pressure bag or infusion pump

Pain: Insertion of the EZ-IO AD® & EZ-IO PD® in conscious patients has been noted to cause mild to moderate discomfort (usually no more painful than a large-bore IV). However, IO Infusion for conscious patients has been noted to cause severe discomfort

- Prior to IO syringe bolus (flush) or continuous infusion in alert patients, SLOWLY administer Lidocaine 2% (Preservative Free) through the EZ-IO hub. Ensure that the patient has not allergies or sensitivity to Lidocaine.



- _ EZ-IO AD® Slowly administer 20 – 40 mg Lidocaine 2% (Preservative Free)
- _ EZ-IO PD® Slowly administer 0.5 mg /kg Lidocaine 2% (Preservative Free)

Precautions:

The EZ-IO AD® & EZ-IO PD® are not intended for prophylactic use

Equipment:

- EZ-IO® Driver
- EZ-IO AD® or EZ-IO PD® Needle Set
- Alcohol or Betadine Swab
- EZ-Connect® or Standard Extension Set
- 10 ml Syringe
- Normal Saline (or suitable sterile fluid)
- Pressure Bag or Infusion Pump
- % Lidocaine (preservative-free)
- EZ-IO® Yellow wristband

Procedure: If the patient is conscious, advise of EMERGENT NEED for this procedure and obtain informed consent.

1. Wear approved Body Substance Isolation Equipment (BSI)
2. Determine EZ-IO AD® or EZ-IO PD® Indications
3. Rule out Contraindication
4. Locate appropriate insertion site (Multiple sites are FDA cleared including - Proximal / Distal Tibia and Proximal Humerus)
5. Prepare insertion site using aseptic technique
6. Prepare the EZ-IO® driver and appropriate needle set
7. Stabilize site and insert appropriate needle set
8. Remove EZ-IO® driver from needle set while stabilizing catheter hub
9. Remove the stylet from the catheter, place stylet in the shuttle or approved sharps container
10. Confirm placement
11. Connect primed EZ-Connect®
12. Slowly administer the appropriate dose of Lidocaine 2% (Preservative Free) IO to conscious patients
13. Syringe bolus (flush) the EZ-IO® catheter with the appropriate amount of normal saline.
14. Utilize pressure (syringe bolus, pressure bag, or infusion pump) for continuous infusions where applicable
15. Begin infusion
16. Dress site, secure tubing, and apply wristband as directed
17. Monitor EZ-IO® site and patient condition – Remove catheter within 24 hours



MedSystem III Infusion Pump

Purpose: The MedSystem III instrument is intended for facilities that utilize infusion pumps for the delivery of fluids, medication, blood and blood products using continuous or intermittent delivery through clinically acceptable routes of administration. This infusion pump features three independent fluid delivery systems, compact size, easy to set up and use, accurate delivery of fluids, and uses administration sets that provide free-flow protection.

1. Preparing the Administration Set:
 - It is important to prime the set properly to eliminate air bubbles
 - Ensure the cassette slide clamp is pushed in completely so the tubing is not occluded
 - Invert the cassette so the tubing is up, slowly open the regulating clamp, and establish
 - Fluid flow to fully prime the se
2. Loading the set:
 - Close the regulating clamp before inserting and removing the cassette to reduce
 - The risk of free flow
 - Ensure cassette slide clamp is pulled out prior to loading
 - Press on/off to turn the pump on
 - With tubing down, use a 45-degree upward motion to insert the cassette into the channel
 - Push on the clear portion of cassette until completely seated, then push in the slide
 - Clamp flush with entire cassette
 - Pull down gently on tubing collar, press with the thumb to seat tubing collar in
 - Recess beneath cassette
3. To Turn Pump On- Press ON/OFF
4. To Turn Pump OFF-Press ON/OFF
5. To Program Infusion:
 - Select the channel and display programming page
 - Press select to choose the value
 - Press enter to accept the value
 - Press start
6. Refer to Alaris Medical Systems Manual for additional information regarding programming options, alarms, maintenance, and safety features.