



SAFETY MANUAL

VERSION 14 (Revised)



All Policies, Protocols, and Guidelines for Jet Rescue Air Ambulance are updated as needed and reviewed on an annual basis. The last complete policy review was October 22, 2024, by the Medical Advisory and Safety/Risk/Q & A Committee.

Signature: _____
Dr. Javier Márquez Gutiérrez de Velasco
Director of Medical Services

Date: 10/22/2024

Signature: _____
Dr. Victor Hugo Cervantes Lopez
Senior Medical Advisor

Date: 10/22/2024

Signature: _____
Captain Alan Montoya Perales
Director of Operations/Chief Pilot

Date: 10/22/2024

Signature: _____
Sergio Arturo Vega Jr., Chief Flight Coordinator

Date: 10/22/2024

Signature: _____
Reyeh Aguilar
Executive Assistant to CEO/Office Manager

Date: 10/22/2024

Signature: _____
Carlos Salinas, President and CEO

Date: 10/22/2024



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INTRODUCTION

At Jet Rescue Air Ambulance, we are confident that safety pays dividends. Therefore, Jet Rescue employees recognize the importance of aviation and medical safety. We have set up and monitor all flight progression and development, monitoring safety through our Risk Assessment Tools and Safety Concern Report. When it comes to safety, Jet Rescue Air Ambulance believes in no chances. It is everyone's responsibility and Jet Rescue's **First Priority**.



1. PURPOSE OF THE SAFETY MANUAL

The purpose of this manual is to provide the company with a Safety Management System and a Risk Assessment Tool.

Specific Audit policies have been developed to ensure continuity of care during aeromedical transport, either on a fixed-wing medical transport or commercial Medical Escort, safety remains our priority.

Doctors, paramedics, and nurses as well as pilots are expected to adhere to the protocols set forth in the policies and procedures manual.

2. SAFETY MANAGEMENT SYSTEM POLICY

Purpose:

To describe and delineate the Jet Rescue Air Ambulance's approach to Quality Management (QM) on a company-wide basis.

Policy:

Jet Rescue Air Ambulance starting with the founder and CEO, is committed to making every transport a safe mission. Every manager within the organization is equally committed to this process. Management is responsible for a Safety Management System but both management and staff are responsible for making operations safer.

The Jet Rescue Safety Management System falls within the direct responsibility of the management team and is overseen by the CEO. The team will symbiotically interface with FAA Part 129 certificate holders, Chief Flight Paramedic, Medical Director, Human Resources, Safety Committee, and the Quality Management (QM) Committee to be proactive in identifying risks and eliminating injuries to personnel and patients as well as damage to equipment.

The Safety Management System will develop a safety culture where all participants of the company are involved. These participants include management; full-time employees and independent contractors. To maintain this safety culture, the following factors must be present:

- All members of Jet Rescue Air Ambulance must be held accountable for their actions.
- Management must be responsible for assessments, changes, and adjustment of policies and procedures to facilitate a safe environment.



- Managers will supply training that is organized and consistent.
- Managers represent a positive role model and promote an atmosphere of trust and respect.
- Professionalism must be evident in all persons.
- Teamwork must exist between management, employees, and independent contractors allowing for open bi-directional and inter-disciplinary communications where issues can be both identified and acted upon in a positive manner.
- Management shows a decisive response to noncompliance in adverse safety or risk situations.

Jet Rescue Air Ambulance has developed a Safety Management System that supports a safety culture.

- Jet Rescue Air Ambulance has a Suggestion Box for use by any participants in the program. People are encouraged to utilize this format for suggestions, concerns, and ideas or to report hazards and safety concerns. These comments will be dealt with in a non-punitive manner and the person(s) reporting the concern can maintain anonymity. The Safety/Compliance Officer has the key to the suggestion box and therefore no others have access to this information beforehand.
- Concerns may be addressed on the QA “Problem Solving Report”, as well, if an individual feels they would like to be included in the investigative process.
- The Jet Rescue Air Ambulance Post Flight Review Form is another way of communicating issues or concerns. This form is reviewed by management and referred to the appropriate committee for investigation.
- The Operational Risk Assessment Tool is used preflight to determine the level of risk attached to each mission. This tool is designed to involve all team members including management.
- Jet Rescue Air Ambulance has a safety officer in each subsidiary which functions in a non-management position. He/she acts as a liaison between management and employees, and independent contractors to communicate and resolve any safety issues.
- Information gathered will be kept confidential. Information will be tracked and trended to determine if there is a need for proactive and/or retroactive interventions to occur. Information will be evaluated and root cause analysis will be performed. Changes in policies/procedures/education will occur as appropriate.
- Commitment and support from the management team
- A non-punitive system for employees to report hazards and safety concerns, which may be submitted anonymously or has the option for the employee to fill in their name. (Direct communication with the Safety Committee Chair or web site safety concern form submittal)



- A system to track, trend, and mitigate errors and hazards (Debriefing forms, Direct communication with the Safety Committee Chair or web site safety concern form submittal)

3. SAFETY MANUAL

A system to audit and review organizational policy and procedures, this process is open to the Safety Committee for suggestions on improvement of our policies.

- A system to be proactive and reactive to ensure procedure compliance, including loop closure.
- A system to identify risk escalation, reporting, and appropriate responses.
- Coordination with the 129 Operators SMS and risk assessment tools

The Safety Management System is organized to solicit input from each discipline to include:

- Safety Committee and QMI Committee
- Air Medical Crew
- Flight Coordinators
- Management
- Office Staff

The Safety Management System is synergistically linked with the Jet Rescue Air Ambulance continuous Quality Improvement (QMI) Committees.

Aviation and medical-related events are identified and tracked using the Flight Debriefing tool.

4. SAFETY COMMITTEE

Authority and Responsibility

- The ultimate authority and responsibility for Safety within the Jet Rescue Air Ambulance program are assigned to the CEO, Safety Officers, and management team. The daily oversight, coordination, and maintenance of a comprehensive and integrated safety management system are the responsibility of the Quality & Assurance Managers or their designee and the Safety Officers or their designee. The Safety committee exists as a forum for coordinating, sharing, and analyzing information about performance improvement.



Structure of the Safety Committee

The mandate of the Safety Committee shall include, but is not limited to, the following points:

- To promote a safety culture that involves all aspects of the Jet Rescue Air Ambulance mission profile.
- Identify positive and negative issues that impact safety in the air medical environment and appropriately address these issues during the meeting
- Suggests appropriate safety education opportunities to the medical crew
- Interfaces with Education and CQI (Continuous Quality Improvement) Committees to maximize a safety culture.
- Undertakes special projects as directed by the Management Team.

Structure

- The Jet Rescue Air Ambulance Safety Committee shall be chaired by an individual approved by the Management Team.
- Safety Committee quarterly meetings should be attended by representatives from the medical crew, Management, Communication Center, and the Medical Director(s), however, all staff should be encouraged to attend.

General Guidelines

- The Jet Rescue Air Ambulance Safety Committee will meet quarterly.
- The meetings will take place using a teleconferencing technique to allow maximum participation from all components.
- Each quarterly meeting will be prefaced by a structured agenda. This agenda is to allow all participants to better prepare and hence maximize time management.
- The meetings will be directed by the Safety Chair or designated person.
- The meetings are scheduled to last no longer than one (1) hour.
- Minutes of the meetings will be kept by a designated participant and provided to all medical crew, Medical Director(s), Management, and Communications Personnel associated with Jet Rescue Air Ambulance following the meeting and will be filed in the Safety Committee Minutes Book for future reference.
- All personnel is encouraged to be involved in the process.

Suggested Issues

- Any issues that directly or indirectly impact the safety of the company, Medical Crew, patients, and passengers.
- Variations from standards of care as presented in the Jet Rescue Air Ambulance Policy and Procedure Manual.



- Recommendations for future safety education program medical crew.
- Current recommendations in the aero-medical transport field.
- Learning experiences to enhance the safety of the Jet Rescue Air Ambulance program.
- Problems, incidents, or accidents will be identified with a detailed report analyzed, with a resolution of issues or a plan of action reported back to appropriate parties and management.

Safety Chair

The Jet Rescue Air Ambulance Safety Committee will be chaired by a designated person that will be approved by the Management Team. The designated Safety Committee Chair will be responsible for:

- Recruiting and seating members on the Safety Committee.
- Assisting and supporting the management efforts to create a corporate safety culture.
- Orienting new members to the mechanics and mission of the Safety Committee.
- Designing and maintaining effective communication channels with the Safety and the CQI Committee.
- Arranging the quarterly teleconference meeting of the Safety Committee
- Prepare and distribute the agenda before this meeting. Act as mediator during this meeting to assure a productive and appropriate process.
- Present appropriate data at the quarterly staff meetings.
- Promote and assist in the development of ongoing safety education.
- Assist all staff in providing a safe and secure work environment.
- Participate in the long-term planning requirements for Jet Rescue Air Ambulance safety needs.
- Monitor and report on industry standards and changes that impact Jet Rescue Air Ambulance operations.

Responsibility of Safety Committee:

Responsibilities of the Safety Committee include but not limited to:

- Assist in selecting and developing safety measures with all aspects of air medical transport.
- Report, review, and track trends and patterns of safety improvement activities including their impact on Jet Rescue Air Ambulance missions.
- Data Collection and Analysis.
- Provide a forum to address issues and assist with resolution through the safety management system process.



- Interface with the QA Committee, Medical Director(s), and management team to maximize impact on Jet Rescue Air Ambulance.
- Make recommendations for improvements as indicated.
- Coordinate plans to implement safety improvement initiatives with interdisciplinary involvement.
- Assist to coordinate educational opportunities relevant to the safety improvement initiatives.
- Communicate safety improvement initiatives and give updates as indicated.
- Participate in the long-term planning requirements for Jet Rescue Air Ambulance safety needs.
- Undertake special projects.

5. SAFETY TRAINING PROGRAM

Policy:

Every medical crew will attend an in-service provided by Jet Rescue Air Ambulance that meets the FAA and AFAC requirements and standards. The Jet Rescue Air Ambulance Safety Training Program will include, but is not limited to, the following information:

- Instruction in emergency assignments and procedures, including coordination amongst aircraft crewmembers.
- Instruction in the location, function, and operation of emergency equipment to include:
 - Equipment used in ditching and evacuation of the aircraft
 - First aid equipment
 - Portable fire extinguishers
 - Rescue axe
 - Emergency flashlight
 - Instruction in the appropriate response to the following emergencies:
 - Decompression events
 - Fire in flight or while on the ground
 - Smoke in the cabin
 - Ditching and evacuation
 - Illness, injury, or abnormal events
 - Hijacking or another unusual event
 - Review of known/documented Aircraft accidents or incidents and National Transportation and Safety Board (NTSB) reports that are relevant to Jet Rescue Air Ambulance.
 - Each medical crew must demonstrate knowledge of the following skills:
 - Ditching procedures
 - Emergency evacuation



- Fire extinguishing
- Operation and use of the emergency exits
- Deployment and use of emergency oxygen masks
- Removal and use of life rafts
- Donning and inflation of life vest
- Instruction in the physical response to changes in pressure to include:
 - Respiratory effects
 - Hypoxia
 - Time of useful consciousness (TUC) in decompression events
 - Gas laws

6. HOW TO REPORT A SAFETY CONCERN

Do you have a concern?

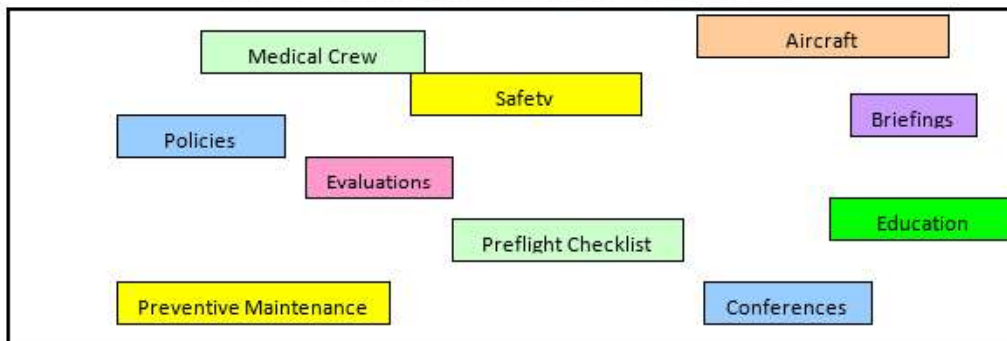
Did you fill out a **Risk/Safety “Problem Solving Report”**?

This form is to be utilized to report/document any **unusual occurrence/incident** that occurs at Jet Rescue Air Ambulance. An **unusual occurrence/incident** would be any action that negatively affects the safety or well-being of the company, its employees, and/or clients. You will first complete the “Safety Problem Solving Report Form”. Attach any pertinent documentation and forward this form to the Safety/Compliance Officer. The Safety/Compliance or his/her designee will perform the initial investigation. After details of the investigation are obtained the Safety Officer will either complete the “problem solving follow up/action” section or forward the occurrence to the Safety Committee for review. Results of Occurrences/Incidents investigations will be forwarded to the Quarterly Quality Assurance/Risk/Safety Meeting as well as Management/Departmental meetings. All occurrences/incidents will be tracked and trended to evaluate if the resolutions were effective.

Unusual Occurrence/Incident - Risk/Safety Form Completed - Investigation - Committee = Improvement

7. SAFETY FLOW CHART

Proactiveness



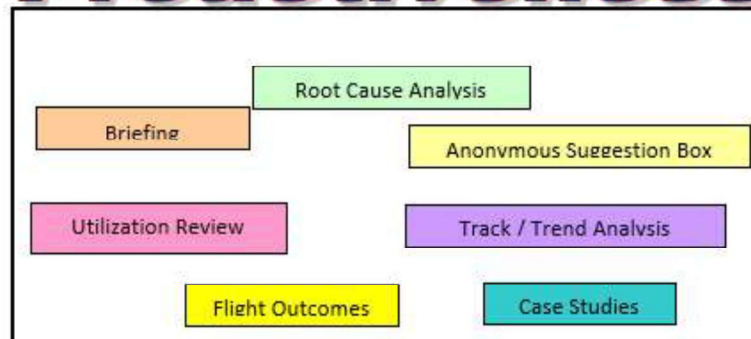
Communication

Staff meetings → Management Meetings → Safety Committee



Communication

Proactiveness



8. RISK ASSESSMENT TOOLS

MEDICAL RISK ASSESSMENT TOOL

Date:		Routing:		Flight #:	
Base:		Originator :		Risk Value	Flight Value
MEDICAL CREW FATIGUE AWARENESS					
1	Anticipated duty day greater than 16 hrs			2	
2	Rest prior to shift start	≤ 6 hours		2	
		≥ 6 hours		1	
		≥ 8 hours		0	
3	more than 3 mission in a week	Yes		0	
		No		1	
MEDICAL DECISION -ABILITY TO TRANSPORT PATIENT					
4	Advanced Life Support			1	
5	Critical Care			2	
6	Limited Resources Sending Facility			1	
7	Sea Level			2	
OPERATING ENVIRONMENT					
8	Extensive previous Medical History	Nasal Cannula		0	
9	Oxygen	NRM		1	
		Ventilated		2	
10	Cardiovascular	Normal SR		0	
		Arrhythmia		1	
		AMI		2	
		Vasopressors/Inotropes		2	
		Advance Hemodynamic Monitoring		3	
11	Renal	normal Renal Function		0	
		ARF		1	
		HIPER/HIPO KALEMIA		2	
		DKA // ACIDOSIS > 7.20		2	
		HYPER/HYPOCALCEMIA// ACIDOSIS< 7.20		2	
12	Neurological	GCS normal		0	
		12. - 15.		1	
		8. - 12		2	
		< 8		3	
13	Recent CVA with low GCS			2	
14	Encephalopathy			3	
15	DVT			2	
16	Acute Bleeding			3	
17	Recent trauma			3	
18	Recent Surgery			3	

SPECIAL SITUATIONS			
19	Neonatal		4
20	Obstetric Patient (≥ 22 weeks)		4
AIR MEDICAL TEAM EXPERIENCE			
21	Nurse 1-5 yrs		1
22	Paramedic 1-5 yrs		1
23	MD 1-5 yrs		1
24	Nurse 5-10 yrs		0
25	Paramedic 5-10 yrs		0
26	MD 5-10 yrs		0
RISK	Normal (0-15) Moderate (16-24) High (≥25)	TOTAL	

Please Note Score before submitting form.

Additional Risk and Mitigation Notes

Medical Crew Fitness to Fly

		NO		YES	
<u>I.M.S.A.F.E.</u>					
		MD	PM/RN	MD	PM/RN
I llness	Do I have an illness or any symptoms of an illness?	☐	☐	☐	☐
M edication	Have I been taking prescription or over-the-counter drugs?	☐	☐	☐	☐
S tress	Am I under psychological pressure from the job? Worried about financial matters, health problems or family discord?	☐	☐	☐	☐
A lcohol	Have I been drinking within eight hours? Within 24 hours?	☐	☐	☐	☐
F atigue	Am I tired and not adequately rested?	☐	☐	☐	☐
E ating	Am I adequately nourished?	☐	☐	☐	☐

Any YES responses need to be informed immediately to the Medical Director for Risk Mitigation measures.

**MEDICAL RISK ASSESSMENT TOOL - *Additional Points
HIGH CONSEQUENCE INFECTIOUS DISEASES (HCIDs)**

Date:		Routing:		Flight #:	
Base:		Originator :		Risk Value	Flight Value
OPERATION CONDITION (Add these points to the Standard MRAT total, if applicable)					
21	Need for intensive monitoring or life-support during transport		2		
22	High probability of clinical deterioration during transport		2		
23	Patient with oxygen and a droplets or airborne contagious disease		2		
24	Patient's weight is more than 90 kgs		2		
25	Anticipated duty day greater than 16 hours		2		
ISOLATION MEASURES (Add these points to the Standard MRAT total, if applicable)					
26	Airborne mode of pathogen transmission		2		
27	Droplet mode of pathogen transmission		2		
28	Contact mode of pathogen transmission		4		
29	Special Isolation equipment (isolation pod)		4		
NO GO SITUATION (If Yes in this section, Decline Flight)				NO	YES
30	Transmission risk to the crew or general public is deemed too high, even with infection control measures.				
31	Receiving facility is not able to manage the patient.				
32	Health or aeronautical authorities do not authorize the transport.				
RISK		*Add these Points to Standard MRAT TOTAL			

AVIATION RISK ASSESSMENT TOOL

Routing:		Date:		Flight #:	
PIC:		Aircraft:		Risk	Flight
SIC:		Total Trip Legs:		Value	Value
PILOT QUALIFICATIONS/EXPERIENCE/FLIGHT AND DUTY TIME					
1	Captain with less than 500 hours in Type	4			
2	Captain with 500 hours or greater in Type	2			
3	SIC with less than 300 hours in type	4			
4	SIC with more than 300 hours in type	2			
5	PIC or SIC > 2 years of Air Ambulance experience	-2			
6	PIC conducting I.O.E Training	4			
HUMAN FACTOR					
7	Slept 10 or more hours in previous rest period	-2			
8	Is the Flight Scheduled to depart between the hours of 22:00 and 6:00 AM	3			
9	Second Consecutive Night Flight Arriving Past 1 AM	5			
10	Flight Time (Between 1 and 4 hours in a duty day)	1			
11	Flight Time (Between 4 and 8 hours in a duty day)	2			
12	Flight Time (Greater than 8 hours in a duty day)	3			
13	Duty Day: (Greater than 10 hours)	3			
14	Duty Day: (Less than 10 hours)	2			
OPERATING ENVIRONMENT (ENROUTE)					
15	Night Operations	3			
16	Mountainous Area 3000 foot change within 10 miles (ICAO)	5			
17	Airport Elevation 5000 Ft or greater	3			
18	Uncontrolled Field (No Tower) Control Tower not operational at ETA or ETD	3			
19	Operational VOR/GPS/LOC/ADF (Best approach W/O Vertical Guidance)	3			
20	Circling Approach (best available approach)	5			
OPERATING ENVIRONMENT (WEATHER)					
21	Ceiling > 3,000FT Visibility > 3SM: On All Trip Legs	-3			
22	Ceiling & Visibility at destination less than 500 ft/ 2 SM: At any Landing Point	3			
23	Braking Action Reported less than Good (MU Factor < 40) Winter Ops	5			
24	Weather for Todays Flight Forecast: Thunderstorm Activity	3			
25	Weather for Todays Flight: Temperature above 95F + (32C +)	3			
26	Weather Forecast for Todays Flight: Winds Greater than 25 knots	3			
27	Weather Forecast for Todays Flight: Wet/Rain	3			
28	Weather Forecast for Todays Flight: Snow	5			
29	Weather Forecast for Todays Flight: Ice, Freezing Fog	5			
30	Weather Forecast for Todays Flight: Moderate to Severe Turbulence	3			
31	Does the presence of Enroute Weather necessitate a deviation of 50 miles or greater	3			

OPERATING ENVIRONMENT (AIR AMBULANCE)		
32	Air Ambulance Level 3 (BLS Medical Team)	0
33	Air Ambulance Level 2 (ACLS Medical Team)	2
34	Air Ambulance Level 1 (PALS Critical-May need to have diversion options readily available)	3
35	Air Ambulance Level 1 (NRP Medical Team)	2
OPERATING EQUIPMENT STATUS		
36	Special Flight Limitations based on AFM equipment limitations	2
37	MEL/CDL items (related to Safety of Flight)	2
38	Two or More MEL's/CDL items (items related to Safety of Flight)	5
39	Operational Autopilot/Stability Augmentation System	-1
40	Inoperative Autopilot/Stability Augmentation System	4
41	Traffic collision Avoidance system (TCAS): Operationa	-1
RISK	Normal (0-27) Moderate (27-34) High (≥34)	TOTAL*

Please Note Score before submitting form.

*If score > 27, Notify Operational via email. If score =34, Contact Chief Pilot must assess, Possible "no-go"

Additional Risk and Mitigation Notes

I.M.S.A.F.E.

		NO		YES	
		PIC	SIC	PIC	SIC
I llness	Do I have an illness or any symptoms of an illness?	☐	☐	☐	☐
M edication	Have I been taking prescription or over-the-counter drugs?	☐	☐	☐	☐
S tress	Am I under psychological pressure from the job? Worried about financial matters, health problems or family discord?	☐	☐	☐	☐
A lcohol	Have I been drinking within eight hours? Within 24 hours?	☐	☐	☐	☐
F atigue	Am I tired and not adequately rested?	☐	☐	☐	☐
E ating	Am I adequately nourished?	☐	☐	☐	☐

Any YES responses need to be informed immediately to the Medical Director for Risk Mitigation measures.



9. RISK/SAFETY PROBLEM-SOLVING REPORT/ACTION PLAN

Note: This report is CONFIDENTIAL and not available to the public, it is sensitive in nature, it is not subject to disclosure or discovery, and opinion or evaluations based on them are also protected. This report shall not be duplicated or photocopied and must be returned within 48 hours after the event to the Department Head/Supervisor.

Individual Preparing Report: _____

Date: _____ **Flight Number:** _____

Location of Incident: (Aircraft, Hangar, Office, Hospital, FBO, Country): _____

General Occurrence:

☐ Diagnostic/Treatment	☐ Environmental Standards/Conditions	☐ Fall/Injury
☐ Defective/Malfunctioned Equipment	☐ Unanticipated Change in Patient's Condition	☐ Physical Condition
☐ Oxygen Supply	☐ Lost Equipment	☐ Other: _____

Behavior/Security Issues:

☐ Assault/Violence/Threat	☐ Sexual Misconduct	☐ Combative	☐ Inappropriate Language
☐ Drugs/Alcohol	☐ Missing Valuables	☐ Harassment	☐ Theft from patient/passenger/staff
☐ Elopement	☐ Trespass	☐ Other: _____	

Parties Involved:

☐ Patient	☐ Family/Passenger	Medical Department: ☐ RN ☐ MD ☐ PM
☐ Aviation/Pilots	☐ Administrative Office/Personnel	☐ Communication Department/Personnel
☐ Handler	☐ Airport/FBO	☐ Customs/Immigration
☐ Passport/Visa	☐ Insurance Company/Client	☐ Ground Ambulance
☐ Fueler/Fueling	☐ Hospital (referring/receiving)	☐ Other: _____

Issue Description:

This report must be returned to your immediate supervisor with 48 hours of the event. Any significant occurrences require an immediate telephone call to your immediate supervisor.

Report given to: _____ Date: _____ Time: _____

The supervisor who receives this report must complete the following "Problem-Solving Follow-Up/Action Report." Resources from other departments can be used to develop an Action Plan. Department heads involved in problem-solving are to initial below:

Department Heads involved in problem-solving: Please initial

☐ Arturo Vega, Communications	☐ Carlos Salinas, CEO
☐ Cap. Alan Montoya, Operations Director	☐ Dr. Javier Márquez, Medical Director
☐ Pedro Miztli Lira, Chief Flight Paramedic	☐ Other: _____