

National Medevac, Inc.

Air Ambulance Service

Policies and Procedures

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IV - patient's with
IV - starting
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Statement of Purpose

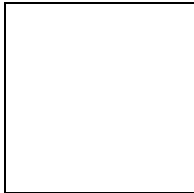
National Medevac is a service oriented healthcare company dedicated to aeromedical transportation. It utilizes professional nurses and physicians to transfer patients in airplanes or other aircraft.

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 National Medevac revolves around aeromedical transport of persons who are unable to travel by conventional means. Aeromedical transport involves more than just putting a stretcher onboard an aircraft. Rather, it combines the best that medicine and aviation have to offer.

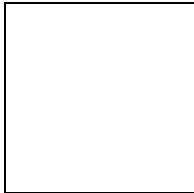
Aeromedical transport is a professional activity and National Medevac will strive to reach the highest levels of quality and effectiveness in all of its endeavors.

Objective and Goals



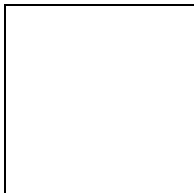
to the patient.

To provide a high quality aeromedical transport service at a reasonable cost

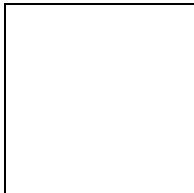


promote the highest standards of inflight patient care.

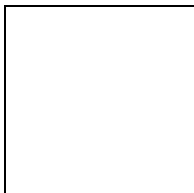
To maintain a high level of competency in aeromedical transportation and to



To maintain flexibility and costs by minimizing overhead and fixed expenses.

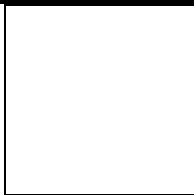


To set new standards for excellence in aeromedical transport.



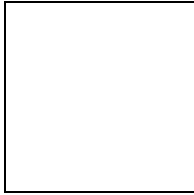
evacuation.

To provide a client oriented, service motivated approach to aeromedical



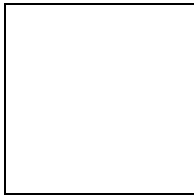
care.

To collaborate with other health care practitioners to provide continuity of



seek new markets for air transportation of patients.

To address new modalities and strategies for moving patients by air and to



implement them when appropriate.

To advance research on aeromedical transportation and to maintain an

Philosophy

National Medevac 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.

National Medevac will act in the best interests of its clients. Quality and service are paramount. The organization will strive to set new standards for aeromedical transportation. National Medevac will also provide a competent and profession 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 National Medevac 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 their 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.

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

Beliefs and Values:

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 is to respected at all times.

Each member of the organization is invaluable and will have equal chance for input.

People are our greatest resource. All people are equal and have equal opportunity for expression. Informal interpersonal communication is highly valued.

Standard National Medevac Terminology:

Aborted Flight: A flight which is cancelled after lift-off.

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

Air Traffic Control [ATC]: The federal flight following system 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 National Medevac 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 chief flight nurse who oversee all medical aspects of National Medevac. This board meets on a quarterly basis. Other members of the National Medevac organization may be appointed as needed.

Below Minimums: Weather conditions below the minimums prescribed by regulation for landing or takeoff [i.e., cloud ceilings below the minimum descent altitude for a nonprecision landing].

Center [ARTCC]: An air traffic control facility which provides radar guidance and separation to enroute traffic. The center's 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.

Clear Air Turbulence [CAT]: Turbulence encountered in 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 National Medevac 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 National Medevac uses.

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

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 FBO's.

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

Flight Bag: The medical kit 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 decrease in oxygen caused by increasing altitude.

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. National Medevac aircraft always operate under IFR rules with a patient onboard as it places the airplane and crew under direct supervision of Air Traffic Control at all times. VFR aircraft may be small private planes which do not travel in clouds and who are not usually under supervision by Air Traffic Control.

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

MTP Pump: The intravenous infusion pump used by medical personnel for patients with IV's.

Life Pack 5: The monitor/defibrillator used by critical care nurses to monitor a patient's heart rhythm.

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

Medical Crew Flight Notes: The document which is filled out by the medical crew when a patient is transported by National Medevac. It details the medical care given by the medical flight crew and a copy is forwarded with the patient.

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

Mission 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 medical aspects of the mission as well as coordinate ground transportation, flight crews, and scheduling of flights.

Nonprecision Approach: An electronic guidance system which allows and aircraft to descend to a certain height above the airport before visual contact must be made. Generally, the nonprecisions 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 nonprecision approach in poor weather.

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

Onload/Offload: The process of placing a patient on board one of National Medevac's 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.

Precautionary Landing: A landing at 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.

Service Area: The area which National Medevac generally services. Routinely, National Medevac will pick up or deliver a patient within the Southeast. Other areas of the country may be serviced as appropriate.

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, or fatigue from any of the above.

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

Telephone Report: A phone report between a National Medevac flight nurse and the nurse taking care of a National Medevac 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.

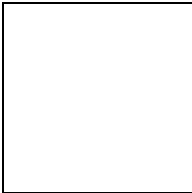
Turbulence: Unstable air which can cause violent rocking of the aircraft while in flight [see Clear Air Turbulence].

Drug and Alcohol Use/Abuse:

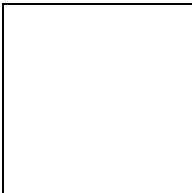
The duties and responsibilities of the medical flight crew require a great deal of critical judgement, clinical expertise, and common sense. Any outside factors which effect employee performance will directly effect patient care and flight safety.

Many prescription and nonprescription drugs will have an impact on performance. Some drugs will potentiate the effects of hypoxia, others may cause drowsiness. Illicit drug use or alcohol intake will also directly effect performance.

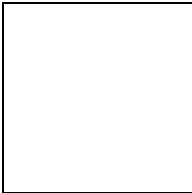
It is the policy of the company that employees shall not be involved with the unlawful use, possession, sale, or transfer of drugs, narcotics, or drug paraphernalia. Employees shall not consume alcohol within eight hours of duty time and excessive drinking of any type will not be tolerated. Chronic off duty consumption of alcohol will be also not be tolerated.



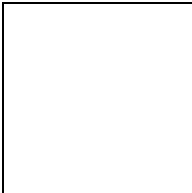
All medical flight crew members will check with the medical director before self administering any prescription or nonprescription medications.



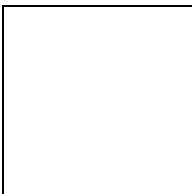
Any employee reporting on duty who has consumed alcohol within the last eight hours may be suspended or terminated.



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. If an employee is suspended under this paragraph and is acquitted of all criminal charges then that employee may be reinstated without back pay. Conviction on any drug charge will be grounds for immediate termination.

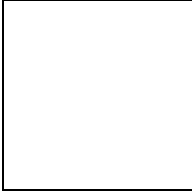


Any employee convicted of an alcohol related offense may be terminated. Any registered nurse who is convicted of any misdemeanor or felony count will be reported to the state board of nursing as required by law.

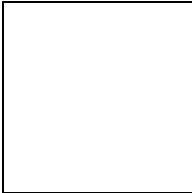


Any employee who acts in an erratic or inappropriate manner, where reasonable suspicion exists that drugs or alcohol are being used will be suspended from

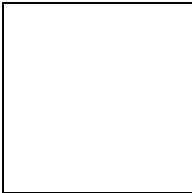
active flight duty. Any action which compromises or jeopardizes safety will be grounds for immediate suspension or dismissal.



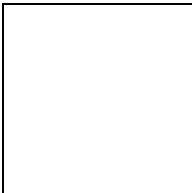
Drug screening is not mandatory for employment. But any employee may be asked to give urine or blood for screening if reasonable suspicion exists that that employee is using illicit drugs. If the employee refuses to give urine/blood for screening then he/she is subject to immediate suspension or dismissal.



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 Chief Flight Nurse or Corporate Officer [President, Vice President]. The employee may be reinstated to active flight duty after counseling and recommendations by CFN.



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.



The company also encourages a no smoking policy. It asks that all employees refrain from smoking at company gatherings, meetings, or other group activities. Employees will not smoke in any aircraft - this if federal law when oxygen is onboard the aircraft.

Job Description: Chief Flight Nurse [CFN]

General Description:

The Chief Flight Nurse will supervise and direct all medical operations and flight crew members of National Medevac, Inc. The CFN may delegate specific duties and responsibilities to the Assistant Chief Flight Nurse but he/she will have ultimate responsibility and accountability for the medical flight program on a 24 hour basis.

Minimum Requirements for ACFN:

meet all requirements of Flight Nurse and Assistant Chief Flight Nurse:

prior nursing management experience required;

demonstrated leadership competency;

ability to effectively direct all medical flight operations on a 24 hour basis;

BSN required, MSN or MBA desired.

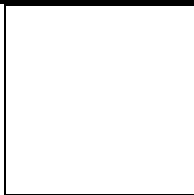
Accountable to:

Medical Director, Officers of the Corporation.

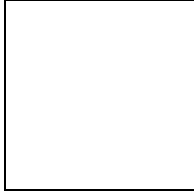
Personnel Supervised:

Assistant Chief Flight Nurse [ACFN], Flight Nurses, other flight crew as appropriate.

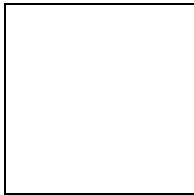
Specified Duties and Responsibilities:



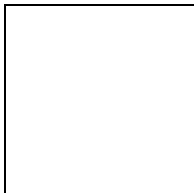
performs all duties and functions of Flight Nurse and Assistant Chief Flight Nurse as appropriate;



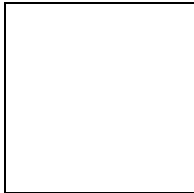
supervises and oversees all medical flight operations in coordination with company medical director;



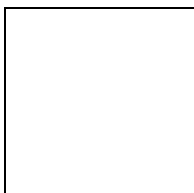
supervises orientation program, organizes and implements continuing education program;



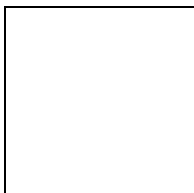
approves all flight requests, assigns appropriate personnel for mission, assures that appropriate equipment/supplies are available;



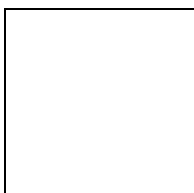
arranges flight billing/financing under company policy;



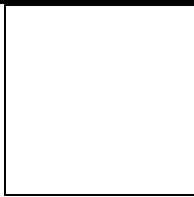
oversees all standing and ad hoc committees;



maintains effective communication with supervised employees through direct intervention, counseling, staff/crew meetings, and written memo;

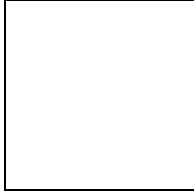


maintains professional and personable relations with all employees, contractors, and general public;



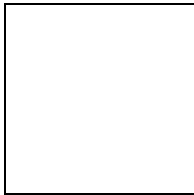
officers;

implements marketing and public relations campaign as directed by company



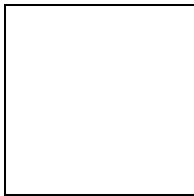
inflight appraisal;

evaluates employee performance through chart audit, interview, and actual

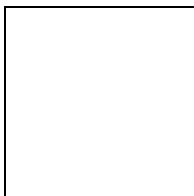


termination; may terminate supervised personnel according to company policy or guidelines;

makes recommendation for salary increase, promotion, suspension,

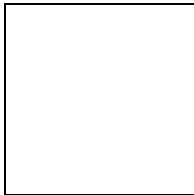


maintains clinical skills and competencies by performing actual



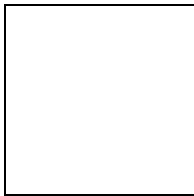
through clinical areas of resource hospitals;

patient missions and attending training sessions, seminars, and rotation



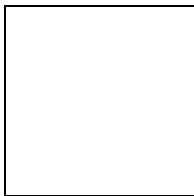
operations;

meets regularly with medical director to evaluate company medical



company officers;

writes policies and procedures in collaboration with medical director and



submits annual budget to company officers;

writes annual medical flight crew business plan;

promotes an open and innovative environment for employees;

acts as a resource person for problem solving;

acts as patient and flight crew advocate;

maintains high professional standards and goals.

other duties and responsibilities as required or outlined by company policy.

Job Description: Assistant Chief Flight Nurse [ACFN]

General Description:

The Assistant Chief Flight Nurse will directly supervise and direct all medical flight crew members of National Medevac, Inc. in conjunction with and under the direction of the Chief Flight Nurse. The ACFN will also perform all the duties and responsibilities of Flight Nurse as outlined.

Minimum Requirements for ACFN:

meet all requirements of Flight Nurse:

prior nursing management experience desired;

demonstrated leadership competency;

ability to work with diverse groups and demonstrate advanced problem solving ability;

BSN desired.

Accountable to:

Chief Flight Nurse [CFN], Medical Director, Officers of the Corporation.

Personnel Supervised:

Flight Nurses, other flight crew as appropriate.

Specified Duties and Responsibilities:

performs all duties and functions of Flight Nurse;

supervises day to day flight and nursing activities under the direction of, in coordination with, or in lieu of Chief Flight Nurse;

orients new employees and coordinates flight orientation program;

performs preflight coordination and assessment of transport, may make initial go/no go decision utilizing appropriate policy;

makes billing arrangements for flights in coordination with CFN;

performs Flight Nurse evaluations on quarterly basis, makes recommendations to CFN regarding supervised employee performance;

may suspend supervised employee(s) for specific policy violation or subordination;

oversees equipment and supplies, maintains par stock levels, makes recommendations for new equipment and supplies;

[Empty box]

performs chart audits and is chairman of Quality Assurance Committee;

[Empty box]

arranges supervised employee schedules and assigns appropriate personnel
for flights;

[Empty box]

promotes professional growth and development of Flight Nurses by arranging
appropriate inservice education opportunities;

[Empty box]

interfaces with outside agencies and health care organizations;

[Empty box]

assists with public relations and company marketing plan;

[Empty box]

makes recommendations on yearly budget;

[Empty box]

other duties and responsibilities as required or outlined by company policy;

Job Description: Flight Nurse

General Description:

Flight nurses give nursing care to persons requiring aeromedical transport using piston-prop, turbo-prop, or jet aircraft. The flight nurse will function with a high degree of independence and will give care under direction of the company medical director or by protocol if communication can not be established with medical control. The nurse will function in a wide variety of aircraft and patient evacuation will occur on a regional, domestic, or international basis.

Minimum Requirements for Flight Nurse:

currently registered as professional nurse;

minimum three years critical care experience;

currently working in critical care area;

■ prior fixed-wing nursing experience desired;

demonstrated competency in clinical nursing skills;

ability to work under stressful and emergency circumstances;

current FAA third class medical certificate;

have no health problems or disabilities which would interfere with performance of job. Heavy lifting of patients into aircraft is required;

current BCLS/CPR;

current advanced cardiac life support, ACLS;

must successfully complete flight orientation within four months;

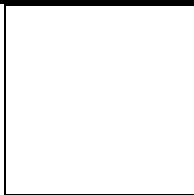
must complete altitude chamber checkout within one year;

must be able and willing to assume professional responsibilities and perform nursing care in fixed-wing aircraft;

must be willing to work all shifts as well as weekends;

International Flight Crews (in addition to above):

valid US passport;

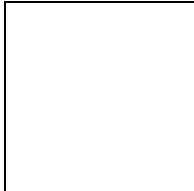


international immunization card.

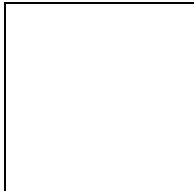
Accountable to:

Chief Flight Nurse [CFN], Assistant Chief Flight Nurse [ACFN], Medical Director, Officers of the Corporation.

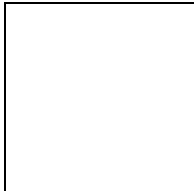
Specified Duties and Responsibilities:



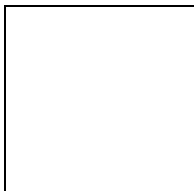
plan and implement nursing care in an aeromedical environment according to the laws of the state nursing board and the standards set by the National Flight Nurse Association and Association of Aeromedical Services (AAMS);



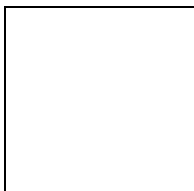
effectively organizes and prioritizes nursing care according to the policies and procedures of National Medevac, Inc;



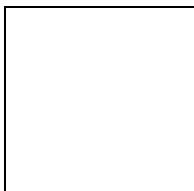
documents patient care in a concise and professional manner;



performs preflight coordination and assessment of transport;



collaborates with referring/receiving physicians, nurses, and support personnel;



practices appropriate safety measures and follows direction of pilot in command in all aviation matters;

[Empty box]

maintains transport skills according to company policy;

[Empty box]

demonstrates thorough understanding and knowledge of transport medical equipment and maintains it in proper working order;

[Empty box]

continuously demonstrates professional interpersonal and communication skills;

[Empty box]

actively participates in company activities, attends crew meetings, participates in committees, and maintains personable relationships with all company, and contract personnel;

[Empty box]

continuously updates nursing and medical knowledge by attendance of workshops, seminars, and reading current literature;

[Empty box]

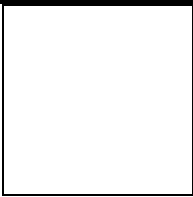
contributes to team management effort by offering input regarding flight/company operations and problem solving;

[Empty box]

continuously demonstrates a moral, ethical, and legal life-style;

[Empty box]

maintains physical/mental health and well-being;

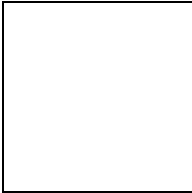


other duties and responsibilities as required or outlined by company policy.

Aircraft Changeover into Air Ambulance:

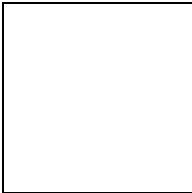
Purpose: To describe the changeover standard operating procedure to convert charter aircraft into air ambulance.

Overview: National Medevac uses multi-role, multi-mission aircraft to transport patients. The primary aircraft are: Piper Navajo; Beech King Air; and Lear Jet. The following procedure will be used when changing over these aircraft into an air ambulance.

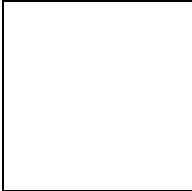


cleanliness.

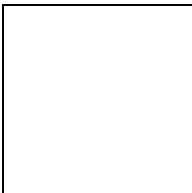
The flight nurse will check all equipment prior to loading for operation and



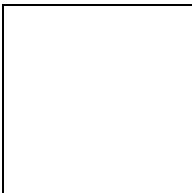
Check stretcher oxygen source and regulator. Replace the tank if the psi is less than 400 lbs. [or for a prolonged trip make sure there is enough oxygen to meet patient requirements as well as contingencies, see oxygen policy/procedure].



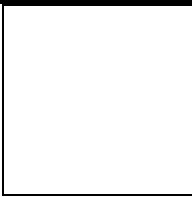
The pilot or aircraft mechanic will remove both aircraft seats in the cabin on the pilots side of the aircraft.



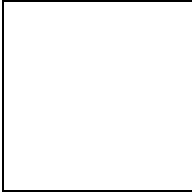
Four clamps will be placed in the seat tracks in the appropriately marked spaces. There are three clamp sets, one for the Piper series aircraft, one for the King Air series, and one for the Lear Jet series. The Egan stretcher will be loaded into the aircraft HEAD FIRST and secured to the clamps. If the Egan stretcher is used in the Lear Jet the extension platform must be placed on the inboard section of the stretcher and bolted securely.



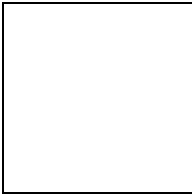
Onload the following equipment: portable E cylinder oxygen and regulator; LifePak 5 monitor defibrillator; Laerdol suction unit [bring additional suction unit for prolonged flights or need for more than one suction source]; flight bag; MTP IV pump; MAST trousers.



After completing the mission, offload the equipment and remove the Egan stretcher in reverse order from #4. Clean the stretcher and mattress with a diluted solution of sodium hypochlorite [bleach] and double bag all contaminated/used linens.



All battery operated equipment will be recharged per equipment policies.
Flight bag will be restocked.



Make certain that all equipment has been removed from the aircraft with special attention to stretcher clamps (nuts, bolts, and washers).

Aircraft, General Overview

National Medevac flies with several types of aircraft. Classifications are divided into:

Pressurized or Nonpressurized

Single or Multiengines

Piston Prop, Turboprop, or Jet.

National Medevac does not own any aircraft, rather it utilizes charter aircraft to perform air ambulance missions. Airplanes are "changed over" to an air ambulance role with a quick change module consisting of a certified, portable, aircraft stretcher and other patient care equipment as needed.

The following are the current aircraft utilized by National Medevac:

Cessna Citation 500/501: twin engine jet, pressurized, two stretcher capability, speed 310 MPH [Thurston Aviation - CLT; Atlantic Aero - Greensboro];

Lear 23, 24, 25, 35, 36: twin engine jet, pressurized, one stretcher capability, speed 460 MPH [Kolitta Aviation, Morristown TN; Epps Aviation Atlanta GA; Phoenix Air, Cartersville GA]. Note all vendors have world wide capability.

Piper Cheyenne PA31T2: twin turboprop, pressurized, one stretcher capability, speed 220 MPH [Atlantic Aero, Greensboro];

Beech King Air B,C 90: twin turboprop, pressurized, one stretcher capability, speed 215 MPH [Southeast Airmotive; Carolina Air Charter, Charlotte];

Piper Navajo/Chieftain PA31-310/PA31-350: twin piston prop, nonpressurized, one/two stretcher capability, speed 170 MPH [Southeast Airmotive, Charlotte].

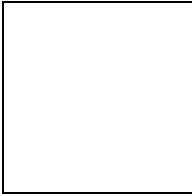
Although the patient or facility may request a certain aircraft, National Medevac will determine which aircraft will be used for a particular mission. This will be decided based on the patient's needs, the aircraft availability, and the determination of the chief pilot after looking at the feasibility and safety of a particular flight.

The medical director will order any altitude restrictions for a particular mission.

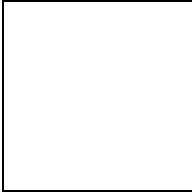
Air Sickness:

One of the problems inherent with air travel is motion sickness. This can be due to a number of causes: turbulence, vestibular disease, anxiety, medication, medical condition, heat, and lack of ventilation. Any of these circumstances can predispose the patient to nausea and vomiting.

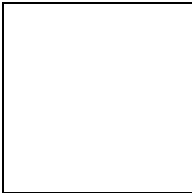
Vomiting can be dangerous during transport because of the potential for aspiration. Therefore every effort should be made to avoid the onset of air sickness and to have the proper equipment and medicines available to treat motion sickness.



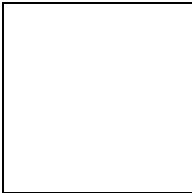
Preflight workup and assessment should include evaluation for history of motion sickness.



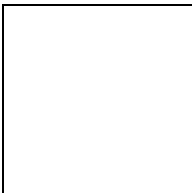
The medical director may order preflight antiemetics and/or sedation to diminish the potential for air sickness.



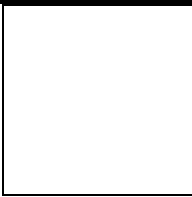
All medical flights will have suction available. It is the responsibility of the medical flight team to inspect equipment for operation prior to flight. All battery operated suction equipment should be fully charged. Insure that proper suction catheters are available.



All critical care flights or transports where suctioning is likely, have two independent sources of suction available.



If motion sickness develops, carry out interventions as outlined in the Aeromedical Flight Crew Manual [AFCM]. Registered nurses may give antiemetics as outlined under the standing orders.



Patients with jaw wires/fixation will be carefully evaluated prior to flight. The medical director may ask that a quick release device be installed prior to transport due to the dangers of aspiration in these patients. Any patient with wired jaws who are cleared by the medical director will have jaw wire cutters immediately available.

Alternate Airports:

The diversion of a mission in progress may be indicated in medical emergencies or weather/safety conditions.

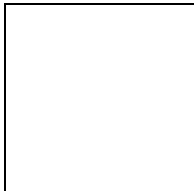
For aircraft safety and weather conditions, the pilot in command will have the final and authoritative decision on alternate airports. One example is that the airport of intended landing may be below weather minimums for an instrument approach. If forecast weather conditions are marginal, the crew should preplan for diversion and coordinate with ground ambulance and receiving hospital. The decision to attempt landing at an airport with the possibility of diversion or to fly to a more distant airport with more favorable weather conditions will be weighed by the mission coordinator, pilot in command, and the medical director as needed. It is not possible to give exact policy guidelines and each flight must be evaluated on its own merits after considering the patient's needs, feasibility of landing at various airports, and safety.

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 continuation of the mission or to fly a backup aircraft to the alternate airport.

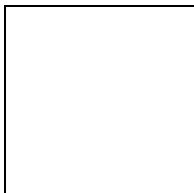
Medical emergencies which arise during flight will be handled immediately by the medical crew. The possibility of diversion to a different airport in order to handle the medical emergency must be weighed against the availability of appropriate medical care at the alternate airport. The medical crew will 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.

If medical problems arise during startup or taxi, do not take off until all medical problems can be corrected. If needed, return to the ramp and if indicated return to the referring facility or hospital.

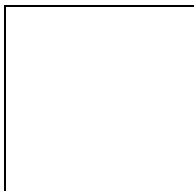
General Guidelines:



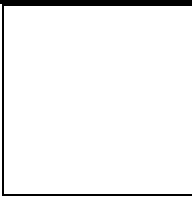
Plan for contingencies before beginning a flight. What are the alternate landing airports along the route of flight? Are there appropriate medical facilities near the route of flight? If weather is bad, what is the extra ground time needed to transfer the patient from the alternate airport.



During poor weather conditions, coordinate with the receiving hospital on an alternate airport.



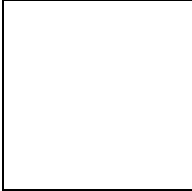
All critical care flights will have designated alternate airports where appropriate medical care can be rendered if the patient's conditions deteriorates.



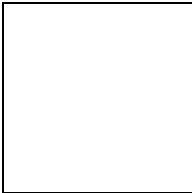
When transferring the patient by ground ambulance to the airport, have the ambulance wait until the aircraft has taken off and left the area before leaving. If the aircraft has to return to the ramp because of mechanical or patient problems, the ambulance will be readily available.

Casts and Traction:

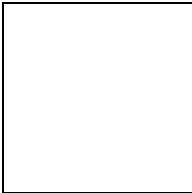
Orthopedic injuries may require transport by air ambulance. Following are general policy guidelines for transporting patients with orthopedic injuries.



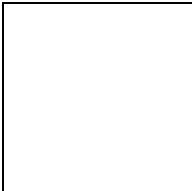
Patients in balanced traction with free swinging weights will not be transported.



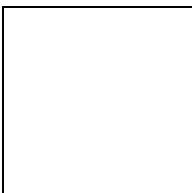
Patients in traction will only be transported when an appropriate traction device suitable for transport is available such as the Sager or Hare traction devices. The medical flight team must be familiar with these devices.



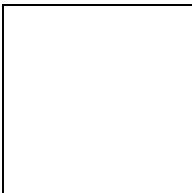
Patients who have casts less than 48 hours must be bivalved.



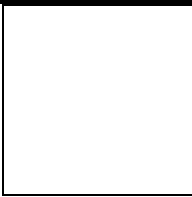
All spika casts should be bivalved.



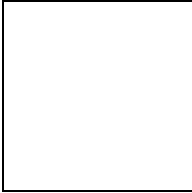
Cast window[s] should be placed over all draining wounds.



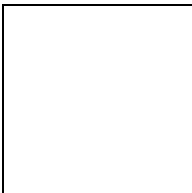
Patients with halo traction must have a wrench accompany the patient which can remove the vest if extrication from the aircraft is necessary.



Patients with external fixation may be transported. Use extra care during onloading and offloading to prevent bumping of the device which could cause further injury. Bring along extra pillows to provide support for the injury.



All patients with orthopedic injuries should be thoroughly assessed prior to accepting the patient for transfer. Assessment should be directed towards presence and quality of distal pulses, color, warmth, movement, and sensation of the limb.



Documentation: assessment as above, presence and type of orthopedic appliance[s], presence of pain, numbness, or paresthesia [tingling], any drainage, any discoloration or skin breakdown.

Committee Structure:

The company will maintain five standing committees which will meet in a timely manner. All employees will participate in the committee structure and give input. The goal of the committees is to assure that the company is meeting its stated mission, goals, and objectives. It will assure that quality standards are being met. The committee structure will also act as a forum for discussion and a vehicle for organizational change.

In addition to the five standing committees, ad hoc committees will be formed for a defined purpose or special event. The Chief Flight Nurse will directly oversee all committees but individual chairpersons will be selected by the committee members. All committees will provide a written record of discussions and actions to the Chief Flight Nurse or his/her designee in a timely manner.

Standing Committees:

Clinical Practice

acts as liason between medical director and flight crew;

reviews and makes recommendations for new medical procedures and protocols, assures minimum professional standards;

initiates quality assurance program and performs chart audits;

acts as liason to state boards of nursing;

initiates and coordinates research;

Education and Training

--

provides initial flight crew orientation;

--

provides ongoing training and inservice education;

--

coordinates seminars;

--

coordinates ride along program;

--

acts as liason to area resource hospitals for flight team clinical practicum;

--

submits current articles to flight team for continuing education [Journal Club];

Equipment and Supplies

--

responsible for ongoing stock inventory;

--

recommends new equipment or supplies;

■ responsible for ongoing equipment maintenance;

provides infection control surveillance;

assists with yearly budget;

Operations and Communication

acts as liason between pilots, aircraft operator, and other flight personnel;

maintains ongoing safety surveillance and makes recommendation for changes in policy and procedures;

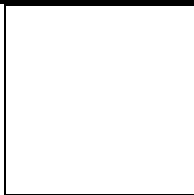
acts as liason to area EMS agencies, hospitals, state EMS;

assists CFN with yearly company report;

Public Relations

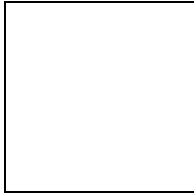
interacts with local media;

coordinates newsletter and direct mailings;

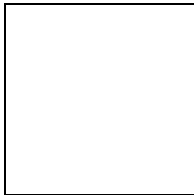


changes;

implements company marketing program and makes recommendations for



provides patient follow up and agency follow up;

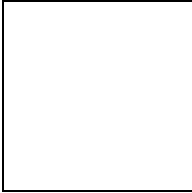


coordinates PR visits;

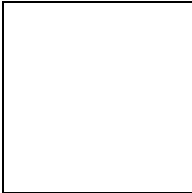
Dress Code:

National Medevac strives to present a professional and polished image to its clients and the general public. The following dress standards will be used:

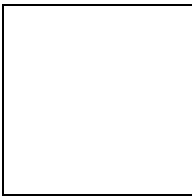
Regular Flight Crew:



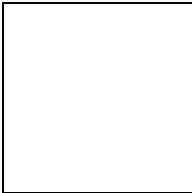
standard issue flight suit;



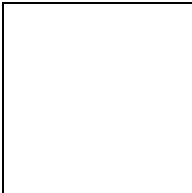
minimal jewelry, no rings except wedding band, no dangling earrings, reasonable professional pins/tacks;



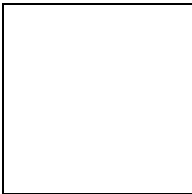
minimal deodorants, perfumes, or after shave lotions. In the confines of the aircraft cabin, strong odors can be obnoxious;



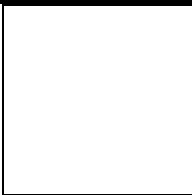
dark socks and black shoes [in the winter months appropriate boots or shoe coverings may be worn];



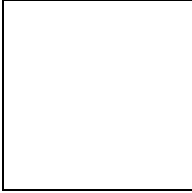
hair will be short or be tied out of the way, dangling hair is a safety concern and could possibly become entangled during flight or unloading/offloading;



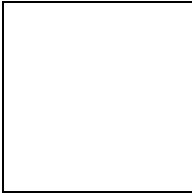
cotton underwear [nylon will melt down and cause disfigurement in the event of a fire];



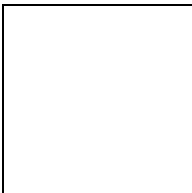
mittens, hats, jackets, etc., may be worn during the winter months, they must be dark blue and look professional;



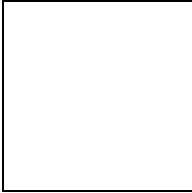
during the summer months, a dark blue baseball hat may be worn to protect the head from the sun;



no flight nurse may make changes or alterations to the uniform without permission from the CFN;

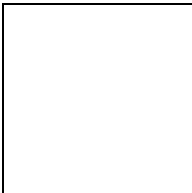


any uniforms issued to the employee must be returned on termination of employment.

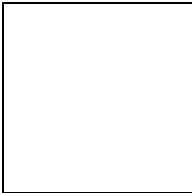


employees will be responsible for maintaining and cleaning their uniforms;

Orientees:



will wear white professional uniforms, pants, pant suits, or jumpsuits are appropriate; skirts or shorts are not allowed;



sweaters, jackets, coats, mittens, or hats/scarfs will be dark blue;

all other items related to dress and decorum apply;

Ride Along:

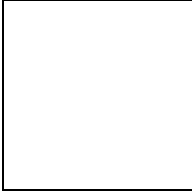
same as orintees;

EMS ride along personnel will NOT wear squad/organization uniform;

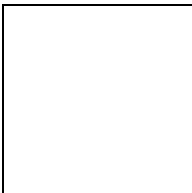
all other items related to dress and decorum apply;

Hospital Specialty Teams:

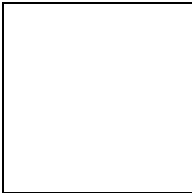
Occasionally special hospital teams may travel with the aircraft and be accountable for the patient's care.



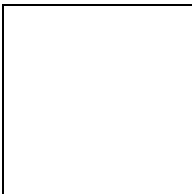
If a hospital specialty teams is travelling with the patient they will assume full responsibility for the patient. The flight nurse will accompany the aircraft to oversee safety and to handle equipment. The specialty team will receive orders from their medical director/control.



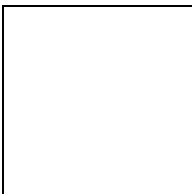
The specialty team will supply their own equipment and supplies, National Medevac may supply certain equipment such as oxygen, suction, inverter power, etc., by prior arrangement.



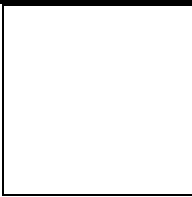
The hospital specialty team will be responsible for arranging and coordinating ground transportation. The flight crew may make contact with the ground ambulance by radio, flight phone, or ARINC to advise them of arrival time or unanticipated delay.



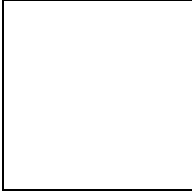
A physician accompanying the specialty team may act as medical control if he/she is authorized by the sponsoring institution.



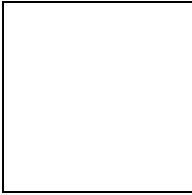
For flights other than organized transport teams where a nurse, physician, or other health care worker is accompanying the patient they will not act as medical crew. A physician accompanying the patient will only act as medical control when it is approved by the medical director prior to transport.



The pilot in command will have final authority regarding any aviation activity including landing at a particular airport or diverting to the alternate airport in poor weather.



The National Medevac flight crew will be responsible for cleaning the aircraft after the flight is finished.



All billing arrangements will be finalized prior to flight.

Mission Checklist:

Each flight nurse will be responsible for following the following procedure for each flight:

Night before or morning of flight:

telephone facility for nursing report;

Speak with attending physician [optional];

Morning of flight:

be on flight line at least one hour before departure;

check flight bag and equipment using appropriate checklist;

have all mission documentation assembled;

attend crew briefing, double check itinerary, times, and ground transportation arrangements;

check that all crew members have passport/visa [international flights only],

recall facility for patient update;

Patient arrival/pickup:

perform a thorough assessment prior to accepting patient;

safely onload patient, Medevac personnel will direct all patient movement in and around the aircraft;

secure all baggage, belongings, and patient care records;

reassess patient prior to startup/taxi;

have ground ambulance wait until aircraft has taken off and cleared the area before leaving;

During taxi/flight:

secure all passengers and patient(s);

brief passengers and patient (if appropriate) to aircraft, systems, length of trip, and emergency procedures;

give inflight care as needed or ordered and document on flight nurse medical notes;

Terminating flight:

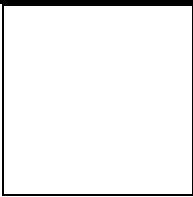
offload patient safely;

baggage and medical records to ground transport personnel;

travel with patient to receiving agency or report off to ground ambulance personnel;

send copy of flight notes with patient [yellow copy]; - strip linens and clean stretcher and equipment with antiseptic;

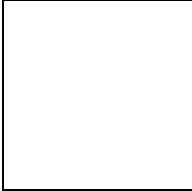
restock used supplies, recharge battery operated equipment, replace used oxygen cylinders;



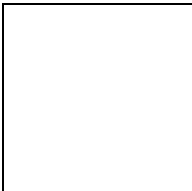
hand in original copy of flight notes to Chief Flight Nurse or designee.

Orientation and Training:

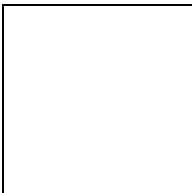
All flight crew members will go through a comprehensive orientation and review process. Initial training will consist of:



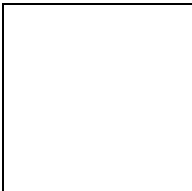
flight crew orientation lecture series; all new employees must attend all lectures or make up missed lectures by watching the videotape of the lecture; there are ten lectures in the series;



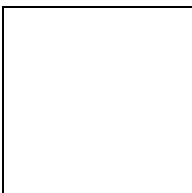
reading of Aeromedical Flight Crew Manual (AFCM) in conjunction with lecture series;



safety briefing given by chief pilot or his/her designee;



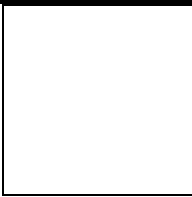
flight line orientation by Chief Flight Nurse (CFN) or his/her designee;



flight internship which will consist of not less than six patient missions; the actual practicum length will be determined by the preceptor or CFN and will take into account the flight nurse orientee past experience and performance in lecture series and practical;



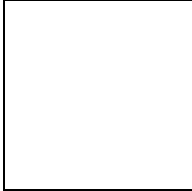
skills and knowledge testing will be performed at the end of orientation and lecture series; the written test will cover all lecture material as well as required readings and will validate the flight nurse's knowledge base; the practical will cover "hands on" aspects of flight care and will be given by the CFN or designee.



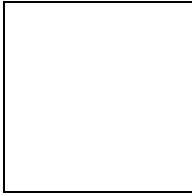
no flight nurse will be granted full flight status until all lectures are completed, and a passing grade is received on the written and practical tests. An orientee may retake the written or practical test once. If a second failure occurs, the orientee will be denied full flight status. Continued employment with the company will be at a nonflying position if one is available. Nonflight positions are not guaranteed if the orientee does not complete the orientation process.

Radioactive Patients:

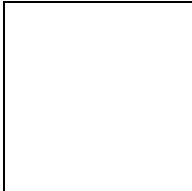
On rare occasions, National Medevac may receive requests to transport a patient who is exposed to or contaminated with radioactive material:



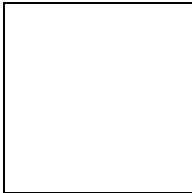
National Medevac will not transport any patient or passenger who is radioactively contaminated.



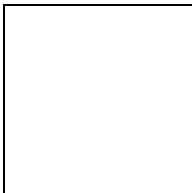
Rationale: radioactive material is a potential source of malfunction of aircraft controls; there is real danger to the crew in the confined environment; there are no adequate decontamination procedures for the aircraft.



Patients who have radiation implants will be evaluated on a case by case basis. Final approval for transport will rest with the Medical Director.



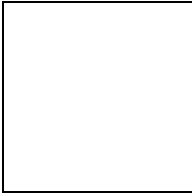
National Medevac will not transport radioactive material such as isotopes or other testing material. These are classified as hazardous materials by the Federal Aviation Administration [FAA].



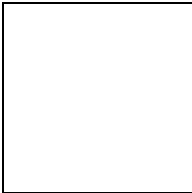
The pilot in command has the authority to refuse to board any patient who may present an inflight hazard.

Safety:

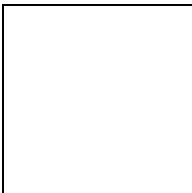
The flight line and aircraft operations is a dynamic and sometimes hazardous environment. This policy will provide guidelines for maximizing safety while working in and around aircraft.



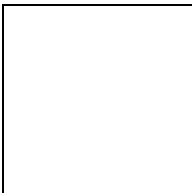
never run on the flight line;



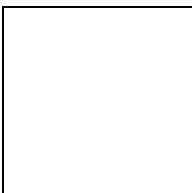
no smoking on the ramp or in/around any aircraft, fuel is often spilled on the ground and oxygen is onboard the aircraft;



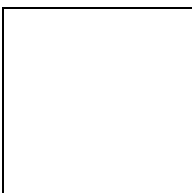
always be aware of taxiing aircraft and give them right of way, never approach an aircraft that is starting up or has engines running;



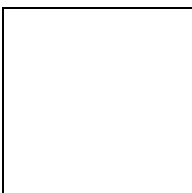
never walk near, around, or under engines or propellers;



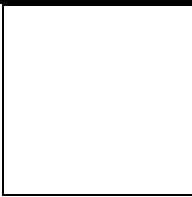
never walk under a wing;



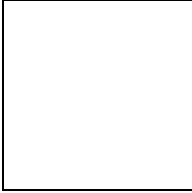
never place any object on the aircraft wing or any other surface because it has the potential to damage the aircraft;



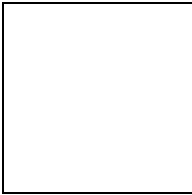
avoid walking directly behind running aircraft, this is especially true for jets as the jet blast can flow nearly 200 feet behind the aircraft;



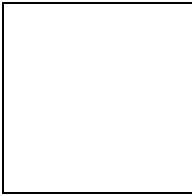
unless you are checked off to open or manipulate the aircraft door, have the aircraft crew or certified medical crew operate all doors;



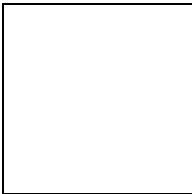
secure all doors before starting engines and never open the aircraft door while engines are running; [the only exception to this rule is the Piper Seneca - the pilot may, at his discretion, open the copilots door to maximize cooling of the cabin];



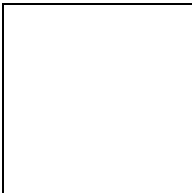
always wear safety belts while in the aircraft, if you must move about in the cabin keep one hand free in case of turbulence;



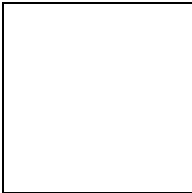
always make sure that equipment and luggage is secured in the cabin, remember, any object has the potential for becoming a missile during turbulent flight conditions;



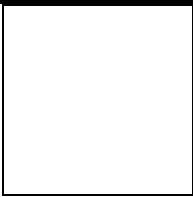
use care when onloading a patient during the winter months, ice or slippery surfaces can cause injury;



never have more than one person standing on the aircraft door/stairs, know the weight limitation of the door and never exceed 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 normal cruise or keep interior lighting to a minimum;

Tracheostomy Patients:

Tracheostomy patients present some unique considerations for aeromedical transport. Decreased humidification of the cabin environment can predispose the patient to airway dehydration and possible solidification of mucus resulting in plugging of the airway. The following will be required whenever transporting a patient with a tracheostomy:

A spare tracheostomy to be sent by the referring hospital;

Two sources of suction;

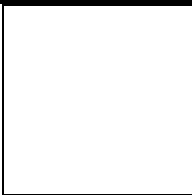
Adequate oxygen including potential diversion and considerations for air traffic control procedures which may lengthen the trip;

A humidivent should be supplied by the referring hospital. If a humidivent is not available use one from the National Medevac flight kit. During preflight checklist, make sure that a spare humidivent is in the flight bag;

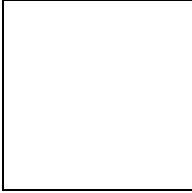
Trach care kit to be supplied by the referring hospital with sterile saline and hydrogen peroxide.

Care of the tracheostomy patient in flight will include:

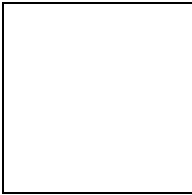
Assessment of the airway for patency, breath sounds, presence of cuff leak, color of skin and nailbeds, color and consistency of secretions.



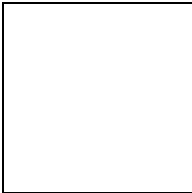
Place a humidivent on the tracheostomy if one is not already in place, do not premoisten the humidivent because the filter will swell and occlude air flow.



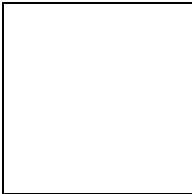
If oxygen is needed, administer according to physicians orders. If a T-bar setup has been used, attempt to use the hosital's setup if appropriate. Nebulizers are difficult to use inflight, therefore the humidivent is a viable option for airway humidification.



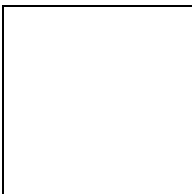
Assess the tracheostomy cuff for patency - the external balloon should be "spongy". During climb to altitude, the trach cuff will expand due to effects of altitude. Remove a small amount of air from the cuff until a small air leak is present and then add air until the air leak is no longer present. Use a stethoscope and listen at the patient's mouth during this procedure. An awake or semiconscious patient will often gag or cough if the trach cuff is becoming too tight.



Continue assessment during climb at least every 5 - 10 minutes and adjust cuff as needed.

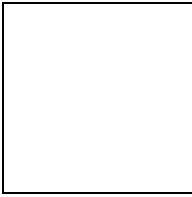


During descent, add air to the trach cuff as needed to maintain patency.



Instill a few drops of normal saline every 30 minutes and suction as necessary. Assess for drying and plugging of secretions.

Documentation: The flight crew should document presence, type, and size of tracheostomy; presence and character of breath sounds; patency of trach cuff (if applicable); color and consistency of any secretions; color, character, and odor of any drainage around trach; also note when trach was initially placed (if available) and any problems with cuff or infection.



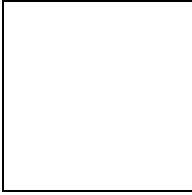
Medevac Flight Crew Orientation Program

Overview:

Lectures	40 hrs.
Assigned Readings	20 hrs.
ACLS Review/Megacode	4 hrs.
Flight Line Orientation	4 hrs.
Flight Internship	24 hrs.
Safety Lecture	2 hrs.
Altitude Chamber	8 hrs.
Skills Testing:	
Written	4 hrs.
Practical	4 hrs.
	<hr/>
	Total 110 hrs.

Optional Time:

- Clinical Rotations at Resource Hosp.
- Dog Lab/Morgue [TBA]
- Ride Along - Fixed-Wing program [TBA]
- Ride Along - EMS [TBA]
- Ride Along - Rotary-wing program [TBA]



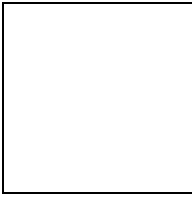
Flight Orientation Lecture Series

Required Text:

- Welton, J.M. (1989) The Aeromedical Flight Crew Manual, Charlotte, NC: National Medevac, Inc., Aeromedical Publishing Division.
- American Heart Association (1986) Advanced Cardiac Life Support, K.M. McIntyre, A.J. Lewis [Ed.], American Heart Assn., Chicago.
- National Flight Nurse Association (1986) Practice Standards for Flight Nursing. Columbia, MO: Walter Printing.

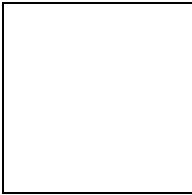
Required Articles:

- Arnold, M. (1986) Winter survival tactics. Hospital Aviation, October, p. 14-15.
- Brimhall, D.C. (1984) Medical-legal issues of patient air transport. Hospital Aviation, March, p. 5-7.
- Brown, L., et al (1987) The nine stresses of flight. Journal of Emergency Nursing, 13(4), p. 232-234.
- Bruggink, G.M. (1986) The uncontrollable cabin fire - land and evacuate. Business Aviation Safety, 2, p. 101-102.
- Byrd, R.B., Burns, J.R., and McElvain, W.H. (1970) Air transport of patients in respiratory failure. Aerospace Medicine, 41(8), p. 934-937.
- Grant, B.J., et al (1987) Air transportation of patient with acute respiratory failure: theory. Aviation, Space, & Environmental Medicine, 58, p. 645-651.
- Heimlich, H.J. (1965) Heimlich flutter valve: effective replacement for drainage bottle. Hospital Topics, 43, p. 122-3.
- Johnson, A. (1977) Treatise on aeromedical evacuation: I. administration and some medical considerations. Aviation, Space, & Environment Medicine, 48(6), p. 546-549.
- Johnson, A. (1977b) Treatise on aeromedical evacuation: II. some surgical considerations. Aviation, Space, & Environment Medicine, 48(6), p. 550-554.
- Kirksey, T.D., et al (1968) Safe, expeditious transport of the seriously burned patient. Archives of Surgery, 96, p. 790-794.
- Lash, R.F. (1985) Chronology of crash survival. Hospital Aviation, March, p. 10-12.
- Mills, F.J., & Harding, R.M. (1983) Fitness to travel by air: Physiological considerations. British Medical Journal, 286, p. 1269-1271 (16 April).
- Pangia, M.J. (1987) Aeromedical law. Aeromedical Journal, Jul/Aug, p. 18-19.
- Pozzi, E. (1986) Is your flight crew airworthy. Hospital Aviation, March, p. 9.
- Welton, J.M. (1987) The joys of international flight nursing. Hospital Aviation, December, p. 17-18.

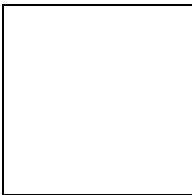


Orientation Objectives:

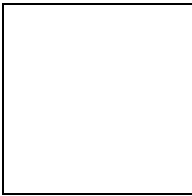
Through attendance of lectures, reading of assigned material, and completion of practicum, the flight nurse will be able to:



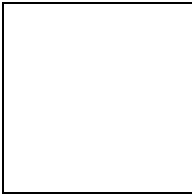
understand roles and responsibilities of the flight nurse during aeromedical transport;



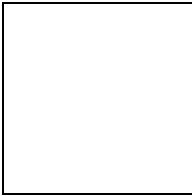
relate the history of aeromedical transport;



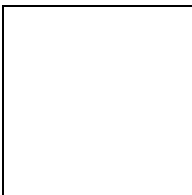
delineate the various theories and laws of flight physiology;



perform a complete patient assessment and recognize preflight patient conditions which will be effected by the aeromedical environment;



recognize the problems of fixed-wing transport and make appropriate changes in the patient's care to compensate for the aviation environment;



provide a safe enviroment for patient care and recognize dangers of aeromedical transport;

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evaluate transport needs and coordinate mission;

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safely load/unload the patient into aircraft;

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display appropriate documentation of inflight nursing care;

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demonstrate aircraft emergency procedures and safety;

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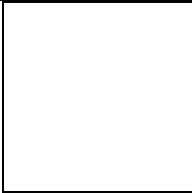
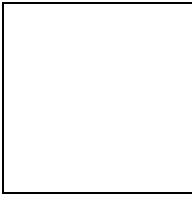
describe crash survival techniques;

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outline legal considerations of aeromedical transport;

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missions; demonstrate knowledge of operation of medical equipment used on patient



delineate the nine stresses of flight and how they effect the patient and flight crew;

Clinical Competencies:

The following nursing skills/equipment knowledge will be demonstrated on practice models, mega-code, clinical resource hospitals, or actual missions:

- > patient assessment
- > oxygen systems
- > start IV
- > defibrillate
- > cardiac monitoring and rhythm interpretation
- > emergency drug administration via protocol
- > Heimlich valve placement
- > Humidivent
- > nasogastric tube placement
- > MTP pump setup
- > portable suction
- > pulse oximeter
- > Dextrostick
- > flight stretcher
- > Scoop stretcher

Flight Orientation Lecture Series

Lecture 1.

Pretest History of aeromedical transport;

Flight crew roles and responsibilities;

Aircraft types and functions.

Required reading: AFCM Chapter 1; NFNA Practice Standards for Flight Nursing.

Lecture 2.

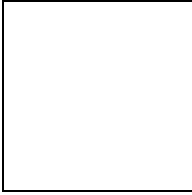
Gas laws;

Stresses of flight;

Required reading: AFCM Chapter 2,3; Brown (1987); Mills & Harding (1983).

Lecture 3.

Stresses of flight cont.;



Required reading: as above.

Lecture 4.

Aerospace medicine;
Inflight considerations;
Ear/sinus block;
Acceleration forces; Aeromedical safety;
Required reading: AFCM Chapter 4.

Lecture 5.

Systems review: neuro, EENT, respiratory
Required reading: AFCM Chapter 5; Byrd, Burns, & McElvain (1970); Grant, et al (1987).

Lecture 6.

Systems review [cont.]: cardiovascular, GI/GU, orthopedics, burns, pediatrics, infection control, psychosocial.
Required reading: Johnson, A. (1977)/(1977b); Kirksey (1968).

Lecture 7.

Mission management;
Equipment considerations;
Aeromedical case studies;
Required reading: AFCM Chapter 6; Hemlich (1965).

Lecture 8.

Aircraft safety;
Inflight emergencies;
Required reading: AFCM Chapter 7; Arnold (1986); Bruggink (1986); Lash (1985).

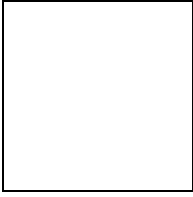
Lecture 9.

Medical/legal considerations
Documentation;
International travel;
Required reading: AFCM Chapter 8; Brimhall (1984); Pangia (1987).

Lecture 10.

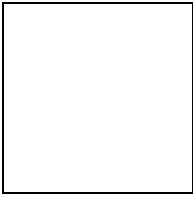
Flight crew concerns "Pack your own parachute";
Review of company policies and procedures, Course review;
Course evaluation;
Required reading: AFCM Chapter 9; Pozzi (1986); Welton (1987).

Lecture 11.

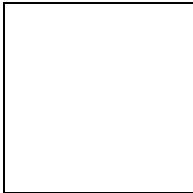


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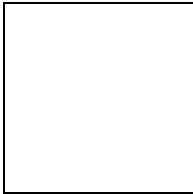
Written Test
Practical



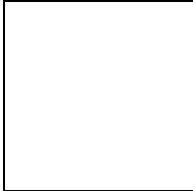
Flight Line Orientation/Safety Briefing



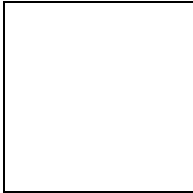
Ground operations:



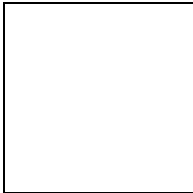
flight line safety,



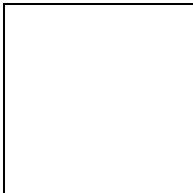
no running/smoking,



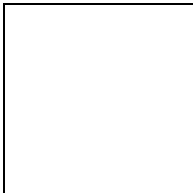
aircraft familiarization,



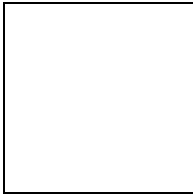
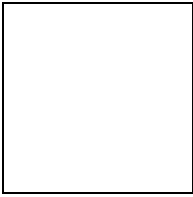
aircraft systems, emergency exits,



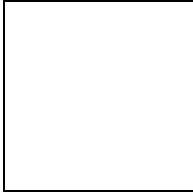
location of emergency equipment,



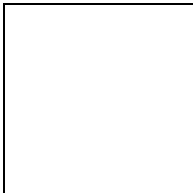
auxiliary power unit,



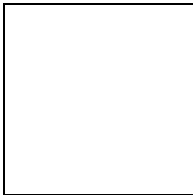
Aircraft pre-flight:



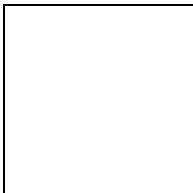
location of medical equipment and supplies,



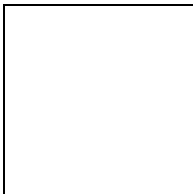
operation of aircraft doors,



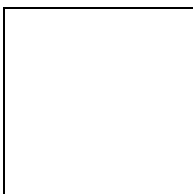
flight stretcher and inverter,



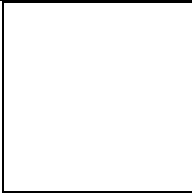
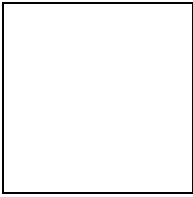
medical and aircraft oxygen systems,



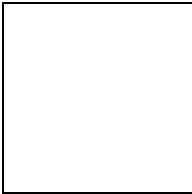
preflight briefing,



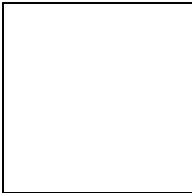
stowage of luggage and securing equipment,



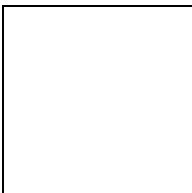
Normal aircraft operations:



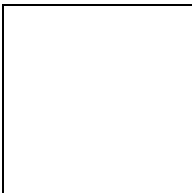
taxiing, takeoffs and landings,



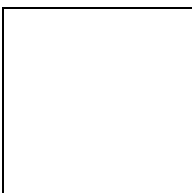
acceleration/deceleration forces,



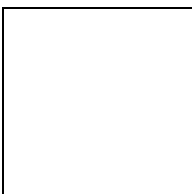
normal cruise altitudes [specific for aircraft used],



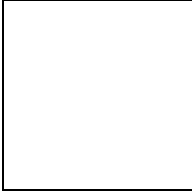
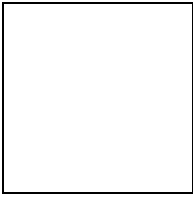
turbulence,



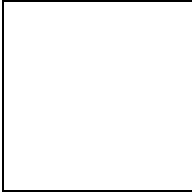
arrival/departure procedures,



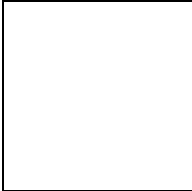
ear/sinus blocks,



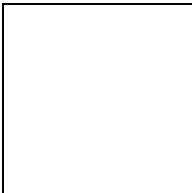
radio communication and air traffic control procedures,



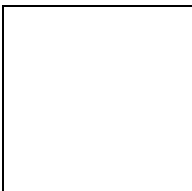
pilot roles and responsibilities,



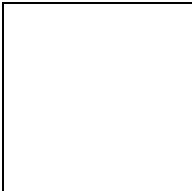
medical flight crew roles and responsibilities.



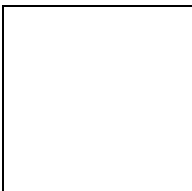
enroute refueling with patient onboard,



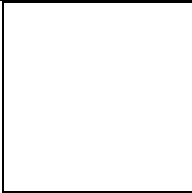
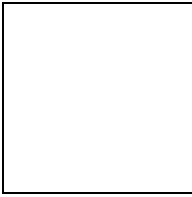
Inflight emergencies:



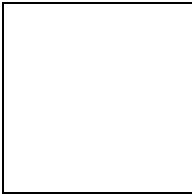
severe weather and diversion to alternate airport,



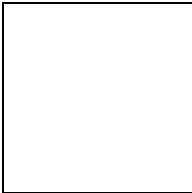
system malfunction,



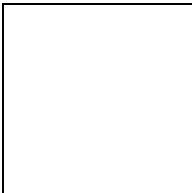
inflight engine failure,



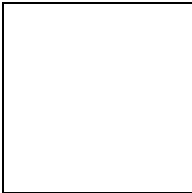
inflight fire,



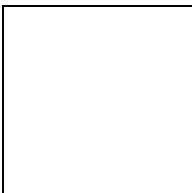
precautionary landing [brace position],



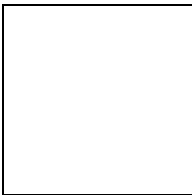
off field landing,



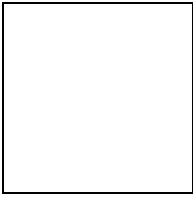
emergency locator transmitter [ELT],



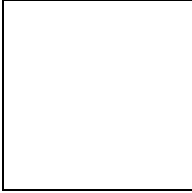
decompression emergencies.



time of useful consciousness [TUC],



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crash survival