



TEMPLE HEALTH
TEMPLE MEDFLIGHT



TEMPLE MEDFLIGHT Air Medical Ride Along Program

TEMPLE MEDFLIGHT (Temple Transport Team) is pleased to offer health care and emergency service providers an opportunity to participate in the air medical ride along program. This ride along program is strictly for observational purposes only and is offered to EMS, fire department and law enforcement personnel, as well as other health care practitioners or health care students, including nurses, nursing students, medical students, and physicians within the southeastern Pennsylvania, NJ, and Delaware service area.

Participants in the ride along program must be aware that participation does include the risk of injury or death as well as exposure to infectious body fluids and the consequences of exposure. Participants should carefully read and understand the information provided in this package and carefully consider the releases prior to signing them. Participation in the ride along program is on a strictly voluntary basis.

TEMPLE MEDFLIGHT reserves the exclusive right to select appropriate participants. To allow for adequate ride along opportunities participation by the same person may be limited and is at the discretion of **TEMPLE MEDFLIGHT**.

Applicants must meet the following criteria:

- At least 18 years of age at the time of application
- Weight less than/equal to 220 pounds
- In good health and physically fit for the physical demands of transport duty and readily able to get in and out of the helicopter unassisted in an emergency situation
- No fear of confined spaces or history of motion sickness
- If applicable, provide proof of current licensure/certification

Applicants who meet the requirements may apply for the Ride Along Program by completing an application and sending it to **TEMPLE MEDFLIGHT** at the email address provided below. The completed application will be reviewed. If accepted, you will be scheduled based on availability for a date of your choice.

Items required at the time of application submission include:

- Application for the Ride along Program
- Copies of any Licensure or Certification (*if applicable*)
 - o Please submit a copy of your state license and/or certification for review
- Release of Liability Forms (*please review in advance and bring completed copies with you to the base on the day of your ride-along or you may complete them at the base*)

Completed paperwork and documentation can be emailed directly to the following:

TEMPLE MEDFLIGHT

Attention: Ride Along Program

Email: christopher.ritter@tuhs.temple.edu

Expectations and Requirements for the Day of your Ride Along

The following is a non-exhaustive list:

Clothing

- You will be issued a flight suit and headset or helmet to wear for the day while riding along.
- Wear comfortable clothing. You may bring shorts/loose fitting clothing to wear under your flight suit.
- Clothing **MUST** be appropriate for weather conditions and may include hat/gloves and a coat. These items will be the responsibility of the participant.
- Boots are preferred, but if not available bring shoes that offer good support of foot and ankle.
- Cotton fabric undergarments are highly recommended.
- If available bring sunglasses for eye protection in/around the aircraft.
- Individuals presenting without proper attire **WILL NOT** be allowed to ride along (at the duty flight crew and pilots discretion).

Requirements

- Participants are expected to conduct themselves in a professional manner at all times.
- Participants will comply with all patient confidentiality policies, rules, or practices, including but not limited to NO photographs of patients or scenes.
- Use of cell phones or electronic devices will **NOT** be permitted during flight operations.
- Participants will be in good general health and physically fit for the physical demands of transport duty and readily able to get in and out of the helicopter unassisted in an emergency situation.
- Participants will comply with any instructions given by the pilot and/or flight crew.

- Participants should not be taking any prescription medications that may impact their ability to function as a ride along participant.
- Any additional requirements that are communicated by the pilots and/or flight crew during the day of the ride along are expected to be adhered to.
- Rescheduling will be at the discretion of Christopher Ritter.

Bring something to do. You will need to have something to occupy your time when not flying. You may bring a laptop as the base has wireless internet access available for use.

Participants are responsible for their own meals. Bring money to purchase food or bring your own food. Dining services are available at the hospital and food/drink can be delivered to the base site.

Bottled water is available at the base for use by the flight crew and ride along participants.

On a rare occasion a participant may be excluded from a flight or left behind at a referring facility or scene due to personnel/equipment needs, weight restrictions, or at staff discretion for safety/operational needs. In these cases the flight crew in conjunction with local EMS and/or hospital/security personnel will coordinate a means to provide transport to the LZ/helipad or back to the base of operations.

Please try to arrive approximately 10 minutes prior to your scheduled ride along time.

Upon arrival at **TEMPLE MEDFLIGHT** Base of Operations (located at Doylestown Hospital's Helipad), park in the parking lot near the helipad located at the far side of the back parking lot.

In the event that a shift is cancelled for any reason (weather, maintenance, etc.) attempts will be made to contact you prior to your scheduled shift. If for any reason you are unable to attend your scheduled ride along shift please contact Christopher Ritter Operations Manager at 267- 784-7024 (24/7). Please feel free to contact us if you have any concerns about the weather conditions or anything that may limit your ability to participate in the scheduled shift. We will make every effort to reschedule your ride along for the next convenient available shift. You may also contact us via e-mail at christopher.ritter@tuhs.temple.edu.

We look forward to seeing you!

TEMPLE MEDFLIGHT Air Medical Crew

TEMPLE MEDFLIGHT

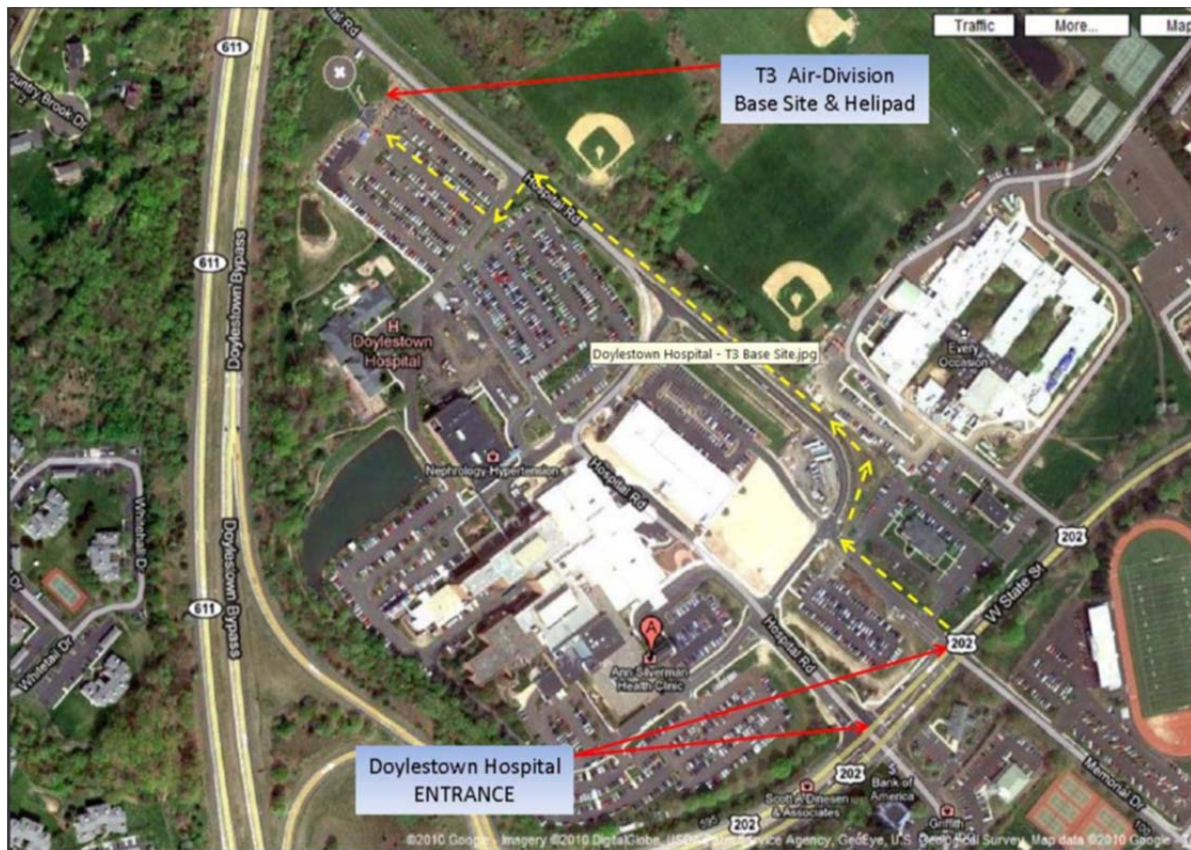
Base of Operations Location

Doylestown Hospital

595 West State Street

Doylestown, PA 18901

Base Site 215 345-6597



Safety Briefing Overview
TEMPLE MEDFLIGHT
Ride Along / Observer Participants
(Please Bring With You the Day of Your Scheduled Ride Along)

The primary focus of our flight program is Safety. All air crew members (ACM's) and passengers receive a daily safety briefing as part of our programs' requirements. The pilot in command (PIC) or his/her designee is responsible for seeing that all ACM's complete their briefing prior to flight.

The briefing will occur at the beginning of your scheduled ride along shift. Part A of the following checklist includes the general considerations you should review prior to your arrival for the ride along shift. Part B is the EC-135 specific topics that will be covered on site at the helicopter by the PIC or his/her designee.

Part A:

General Topics of Consideration:

- 1 _____ No unnecessary talking during critical phases of flight (take-off / landing)
- 2 _____ No smoking within 50 feet of the aircraft
- 3 _____ Hats/loose objects will not be allowed in/around the aircraft
- 4 _____ Wear clothing appropriate for the weather conditions to include (coat, hat, gloves)
- 5 _____ Seat Belts must be worn during take-off and landing

Part B:

Helicopter Operations:

- 1 _____ Doors (clamshell, sliding and co-pilot)
- 2 _____ Stretcher system, loading and unloading techniques
- 3 _____ Heater and air conditioning controls
- 4 _____ Location and operation of cabin lights
- 5 _____ Use of headsets, helmets and communications
- 6 _____ General operations in/around the aircraft during flights

Emergency Equipment/Procedures (handled by pilot or designee)

- 1 _____ Location and operation of emergency exits
- 2 _____ Location and use of the ELT
- 3 _____ Location and use of the fire extinguishers
- 4 _____ Emergency egress procedures
- 5 _____ Emergency shutdown procedure
- 6 _____ Operation of seats and seat belts

Brief Provided By: _____

Ride Along Participant Signature: _____



TEMPLE HEALTH
TEMPLE MEDFLIGHT

T3 Ride-Along Participant Waiver of Liability, Hold Harmless, HIPAA Agreement

Name: _____

Nearest Relative: _____

Address: _____

Relative Address: _____

Phone: _____

Relative Phone: _____

I, _____, request permission to participate in the Temple Health System Transport Team, Inc. ("T3") Ride-Along Program in the emergency medical transport helicopter ("Program"). In consideration for being granted permission to participate in the Program, I hereby indemnify, hold harmless, release and discharge T3 its affiliates, and their trustees, directors, officers, contractors, agents and employees ("Indemnified Parties") from any and all liabilities, suits, actions, claims, demands, damages, losses, expenses and costs of every kind and character, including defense cost and legal fees ("Claims"), suffered or incurred to me, my employer, my assigns, my heirs, my executors, and personal representatives now and forever, for any Claims by reason or on account of injury: (a) to myself, or my property, whether by reason of accident, intent, or neglect during such time I am participating in the Program, including but not limited to: (i) while in a T3 facility, vehicle, or aircraft; or (ii) while in the company of an officer, employee, contractor, or agent of T3 who is discharging his/her duties. In addition, I agree to indemnify and hold harmless the Indemnified Parties against all Claims suffered or incurred as a result of my conduct, whether it be negligent, accidental, or intentional, while I am a participant in the Program.

I am aware of all risks and dangers of my participation in the Program and freely assume all such risks and dangers including, without limitation, death, injury, or loss or damage to my person, or property whether due to accident or neglect and neither I nor my employer, my assigns, my heirs, my executors, and personal representatives shall have any claim against T3 or the Indemnified Parties, by reason of my death, injury, or loss or damage. I will provide T3 with prompt notice of any injury, loss, or damage that I have suffered.

I understand that my role as a participant in the Program is contingent upon compliance with all policies and rules of the Program instructions and directions given by T3 officers, employees, contractors, or agents verbally or in writing. Additionally, I understand that I must comply with T3's policies and procedures regarding protected health information under state and federal laws and regulations including, but not limited to, HIPAA.

I recognize and acknowledge that during the course of my participation in the Program, I may become aware of private or confidential information and that I have access through my participation in the Program. I agree to keep this information confidential forever and not to use or disclose it to others unless I am otherwise authorized by: (a) T3 in writing, or (b) where appropriate, as required by law.

I acknowledge and agree that I am an observer only, and will not engage in any patient care while participating in the Program.

I will respect all property belonging to T3 and I will be responsible for the cost of repairing or replacing any property damaged or destroyed by me. I represent and warrant that I have no preexisting conditions that would preclude or adversely affect me from participating in the Program, and that all information contained in my Program application was, and still is accurate.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Witness: _____ Date _____

Printed Name: _____



Ride – Along Participant

Waiver of Liability, Hold Harmless Agreement

Name: _____ Nearest Relative: _____

Address: _____ Relative Address: _____

City, State: _____ Relative City, State: _____

Phone: _____

Request and Agreement:

I, _____, request permission to ride along in an Air Methods Corporation helicopter. In consideration for being granted permission to ride in an Air Methods helicopter, I hereby indemnify, hold harmless, release and discharge Air Methods Corporation and any of its officers, employees, and agents from any liability to me, my employer, my assigns, my heirs, my executors and personal representatives now and forever, for any claim by reason or on account of injury to myself or my property, whether by reason of accident, intent or neglect during such time that I am in a vehicle or aircraft Air Methods Corporation, or in the company of an officer, employee or agent of Air Methods Corporation who is discharging his/her duties.

In addition, I agree to indemnify, hold harmless, Air Methods Corporation, its employees, agents, and assigns for any and all claims, losses, or liability which arise as a result of my conduct, whether it be negligent, or accidental while I am a participant in the Ride-Along Program, including, but not limited to employee or agent of Air Methods Corporation while she/he is acting or discharging his/her duties on behalf of Air Methods Corporation.

I further agree to abide by all rules and regulations applicable to the Ride-Along Program. I have been advised, and am aware of the risks and dangers associated with emergency medical transport. I agree to respect the confidential nature of all information with regard to patients and transports and to comply with the confidentiality policies and procedures established by Air Methods Corporation. I understand that Air Methods Corporation provides emergency medical services to patients and will respect the privacy rights of the patients.

I assume all risks of death, loss, or damage to my person, or property, whether due to accident or neglect, and neither I nor any of my representatives shall have any claim against Air Methods Corporation, their officers, or employees, by reason of my death, injury, loss, or damage.

Ride-Along Signature

Signature of Applicant: _____

Signature of Parent/Guardian: _____

Witness: _____ Date: _____



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APPLICATION FOR RIDE ALONG PROGRAM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ HOME: _____ WORK: _____

PAGER: _____ E-MAIL: _____

EMS / FIRE / HOSPITAL / AGENCY AFFILIATION: _____

I WOULD LIKE TO RIDE ALONG ON THE FOLLOWING DATE(S) AND TIME(S) – PLEASE LIST IN ORDER OF PREFERENCE

DATE(S):

TIME(S):
_____ TO _____
_____ TO _____
_____ TO _____

EMERGENCY CONTACT INFORMATION

CONTACT PERSON #1:

FIRST NAME: _____

LAST NAME: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

WORK PHONE: _____

CELL PHONE: _____

CONTACT PERSON #2:

FIRST NAME: _____

LAST NAME: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

WORK PHONE: _____

CELL PHONE: _____



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APPLICATION FOR RIDE ALONG PROGRAM (CONT'D)

IDENTIFYING MARKS (SCARS, TATTOOS, ETC.): _____

WEIGHT: _____

MEDICAL HISTORY/CURRENT MEDICATIONS: _____

PLEASE DESCRIBE YOUR REASON FOR REQUESTING THIS OBSERVATIONAL EXPERIENCE WITH **TEMPLE MEDFLIGHT**: _____

_____ TO THE BEST OF YOUR KNOWLEDGE YOU ARE PHYSICALLY ABLE TO FUNCTION IN THE PARTICIPANT CAPACITY WITHOUT ANY ISSUES.

_____ YOU ARE NOT CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS THAT MAY IMPACT YOUR ABILITY TO FUNCTION IN THE RIDE ALONG PARTICIPANT CAPACITY.



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APPLICATION FOR RIDE ALONG PROGRAM (CONT'D)

I, THE UNDERSIGNED, HEREBY AGREE TO ACCEPT RESPONSIBILITY FOR ADHERENCE TO THE ABOVE GUIDELINES FOR THE PURPOSE OF ACTING AS A RIDE ALONG AT **TEMPLE MEDFLIGHT**, BASED AT DOYLESTOWN HOSPITAL.

NAME (SIGNATURE)

DATE

DO NOT WRITE BELOW THIS LINE

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

SOLICITED BY: _____

APPROVED ON: _____

APPROVED BY: _____

SCHEDULED FOR: _____

SCHEDULED WITH: _____

CONFIRMATION PROVIDED ON: _____

CONFIRMATION PROVIDED BY: EMAIL PHONE

SENT BY: _____

WHEN COMPLETED PLEASE PRINT/SCAN/EMAIL THE LAST (3) PAGES OF THIS DOCUMENT – “APPLICATION FOR RIDE ALONG PROGRAM” TO – TMF OPERATIONS MANAGER EMAIL: CHRISTOPHER.RITTER@TUHS.TEMPLE.EDU