

ThedaStar Air Medical Ride Along Program

ThedaStar is pleased to offer health care and emergency service providers an opportunity to participate in the ride along program. This is an observation only program that is open to all active EMS, Fire, and Law Enforcement personnel, as well as nurses, nursing students, and physicians within the ThedaStar service area. Proof of current licensure/certification is required for all participants. 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. PPE will be provided for participants. Participation is solely on a voluntary basis.

The ThedaStar Ride Along committee reserved the exclusive right to select appropriate participants. To permit equal opportunity, participation by the same person will be limited in any one calendar year. Applicants must be at least 18 years old and the maximum allowed weight for participants is 200 pounds. Applicants must be in good health and physically fit for the physical demands of transport duty and should not have a fear of confined spaces or history of motion sickness.

Participants are expected to conduct themselves in a professional manner at all times and must maintain patient confidentiality. No photographs of patients will be permitted. No use of cell phones or electronic devices allowed during flight.

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 this case, participants assume responsibility for their own transportation.

Participants are responsible for their own meals. Dining services are available from 0630-1830 at Theda Clark. 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 ThedaStar Communications at 1-800-236-2066. You may also 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 assist you in rescheduling your ride along for the next convenient available shift. You may also contact us via e-mail at thedastar@thedacare.org.

Personnel who meet the requirements may apply for the Ride-Along Program by completing an application and sending it to ThedaStar at the address below. The completed application will be reviewed and you will be scheduled, based on availability, for a date of your choice.

Items that will need to be submitted with your application include:

- Application for Ride-Along Program
- Copies of any Licensures or Certifications

- Emergency Contact Form
- Release of Liability Form
- Health Status Form or documentation of required information from your current employer
- Copy of your State of WI Criminal Background Check. *(This will be an actual State document that your employer or service will have on hand. If your employer or service does not have this on file, please contact the State Department of Licensure for instructions on how to obtain this for yourself. This document, if your employer or service does not have on file, will cost approximately \$18 to obtain.*

Once completed, all documentation can be mailed to:

ThedaStar Air Medical
 Attention: Ride-along Program
 130 Second Street
 PO Box 2021
 Neenah, WI 54957-2021

On the Day of your Ride-Along:

- Wear your service uniform, including name badge (if applicable). If you do not have a uniform, please wear dark pants (no jeans allowed), a nice shirt or blouse with a collar and hard-soled black or dark shoes (boots are preferred).
 - Clothing **MUST** be appropriate for weather conditions
 - No scrubs, T-shirts, sweats, sandals, clogs or tennis shoes will be allowed.
 - Cotton undergarments are highly recommended
 - Anyone presenting without proper attire **WILL NOT** be allowed to ride along. Rescheduling will be at the discretion of the Ride-Along coordinator.
- Bring something to do. You will need to have something to occupy your time when not flying. You will not be allowed to station yourself in the communications center unless accompanied by a member of the flight crew. This is due to HIPPA/Patient Privacy regulations.
- One must be in good physical condition so as to be able to get in and out of the helicopter unassisted in an emergency situation.
- Bring money to purchase food in the cafeteria or bring your own food
- Please try to arrive approximately 15 minutes prior to your scheduled ride-along time.
- Upon arrival at Theda Clark, park in the visitor parking lot near the ER entrance. Report to the ER receptionist and advise that you are here for a ThedaStar Ride-Along. You will be directed to ThedaStar Communications (located adjacent to ER Reception).

We look forward to seeing you!

ThedaStar Air Medical Crew

Application For ThedaStar Ride Along Program

Name: _____

Address: _____

City: _____ Zip Code: _____

I would like to be contacted at (home/work or both):

Home Phone: _____ Work Phone: _____

EMS/Law Enforcement Affiliation: _____

Weight: _____

I would like to ride along on the following date (please write #1 for first choice, #2 for second choice and #3 for third choice):

Dates:	Times	
_____	_____	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: _____

Special Instructions: (i.e. How to Contact, etc.)

ThedaCare
ThedaStar Air Medical Participant Health Status

Name: _____

Address: _____

Phone Number: _____

The above named participant has had a physical examination on _____, and was found able to physically function in the participant capacity.

He/she is free from Communicable Disease as indicated by the *attached laboratory results:

- a) Immunization documentation/history of disease cannot be used in lieu of titers.
- b) Individuals who test non-immune to Rubella, Mumps, and Rubeola {measles} must be immunized and titer rechecked to document immunity.
- c) Individuals who are non-immune to VZ {chickenpox} must review the hospital policy related to those employees who are chickenpox non-immune. Immunization and re-titer is highly recommended.

A negative PPD (TM skin test) must be documented **within the past 6 months**. If a positive skin test is found, appropriate follow-up must be documented.

PPD:

Date: _____ Results: _____ mm induration.

If (+) PPD Date: _____

Date and results of chest x-ray: _____

Took INK Yes _____ No _____ For how long? _____

Send a copy of TB Assessment Questionnaire

Actual Lab results/Lab sheets for the following titers MUST be attached in order to be considered for a Ride Along experience:

- a) Rubella Titer
- b) Rubeola (Measles) Titer
- c) Mumps Titer
- d) VA (Chickenpox) Titer

> Hepatitis B immunization and antibody titer is voluntary, but highly recommended for any observer who may come in contact with patient blood and/or certain body fluids.

Participant is immunized? No _____ Yes _____ Titer +/- (circle one)

> Hepatitis C antibody titer is voluntary, but highly recommended for any observer who may come in contact with patient blood and/or certain body fluids.

Participant is immunized? No _____ Yes _____ Titer +/- (circle one)

Signature of health care provider verifying above information

Date

(Print name of health care provider): _____

(Address of health care provider): _____

*** If questions, call 920-729-2114**

ThedaCare
ThedaStar Release Of Liability Certificate

I, _____, have been advised of the inherent risks of flying in a helicopter engaged in live emergency medical services. I fully understand and accept the risk in order to obtain the benefits this flight experience will provide me personally.

I do hereby, for myself, my heirs, executors and administrators, remise, release and forever discharge ThedaCare, Inc. and its affiliated entities, including, but not limited to, Theda Clark Medical Center, Inc., Petroleum Helicopters, Inc., and all their officers, agents and employees acting officially or otherwise, from any and all claims, demands, actions or causes of actions, on account of my death or on account of any injury or exposure to me which may occur from any cause during said flight incident thereto.

In the event of any accident or injury which I may incur as a result of the air flight mission, I hereby instruct ThedaCare, Inc. and its agents to secure appropriate medical care on my behalf and to notify the individual listed below:

Name (Please print)

Relationship

Phone Number

Address

In witness whereof, I, the said Rider, have hereunto set my hand and seal this ____ day of _____, 20____.

Rider Signature

Date

Witness

Date

I, the undersigned, hereby agree to accept responsibility for adherence to the above guidelines for the purpose of acting as a Ride-a-long on ThedaStar medical helicopter, based at Theda Clark Medical Center, Neenah, Wisconsin.

Signed, _____, this day, _____ month/year _____.
NAME _____ DATE _____

Safety Briefing for **ThedaStar Ride-Along Participants**

SAFETY has always been the primary concern of flight operations at ThedaStar. All air crew members (ACM's) and passengers receive a daily safety briefing as part of Federal Aviation Administration (FAA) 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.

Part A

- 1 _____ No unnecessary talking below 300 feet
- 2 _____ No smoking within 50 feet of the aircraft
- 3 _____ Hats/loose objects not allowed behind the vertical stabilizers while the aircraft is running
- 4 _____ Wear clothing appropriate for the weather conditions
- 5 _____ Seat belts on for take-off and landing

Part B

Medical Equipment

- 1 _____ Oxygen, suction and A/C outlet locations
- 2 _____ Airway, trauma and pediatric pack location
- 3 _____ Sager traction splint
- 4 _____ Cardiac monitor
- 5 _____ Medications and IV fluids

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

Pilot Topics

Emergency Equipment/Procedures

- 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

Briefed by _____ Ride along signature _____

Ride Along Day Check List

- _____ Health Status Form
- _____ Release of Liability Certificate
- _____ Background Disclosure Form
- _____ Emergency Notification Form
- _____ Current Licensure/Certifications
(e.g. First Responder, EMT, EMT-P, BLS, ACLS)
- _____ Orientation and Safety Briefing
 - _____ Confidentiality
 - _____ Infection Control
 - _____ Hazardous Communication
 - _____ Helicopter Physical Layout and Equipment Location
 - _____ Helicopter and Landing Zone Safety
 - _____ Helicopter Radios/Communication

I, the undersigned, hereby agree to accept responsibility for adherence to the above guidelines for the purpose of acting as a Ride Along on ThedaStar medical helicopter, based at Theda Clark Medical Center, Neenah, Wisconsin.

Name

Date

Flight Crew

Date