



Ride Along Program

If you are active in a pre-hospital or emergency/critical care field, ThedaStar Air Medical invites you to participate in our Ride-Along program. This program allows participants to spend a day with the flight team and become familiar with the principles of helicopter transport and safety.

If you are interested in participating in this program, please review the guidelines below and complete the directions at the bottom of this page.

Please read the following guidelines carefully. It is important that you understand all of the criteria prior to completing the application.

1. *Participants must keep all patient information confidential!* Photo and video recording is prohibited during all legs of flight and while providing patient care. Photo and video recording is also prohibited while at referring facilities and/or scenes. Please turn cell phone completely off during any flight.
 2. Ride-along participants must be at least 18-years-old and currently active in a pre-hospital or emergency/critical care field, Law enforcement will also be considered.
 3. Applications will only be accepted when all materials are received.
 4. Participation will be on an 'observation basis only' with no involvement with patient care responsibilities. Participants will be under direct supervision of the flight crew and pilot.
 5. Ride-along participants must be in good physical health, be physically fit, have evidence of hepatitis vaccinations, not be prone to motion sickness, or be suffering from a head cold. If you are not a ThedaCare employee please show documentation of a negative TB skin test within the last one year period. If you are a ThedaCare employee, you will already have your last TB skin test documented per Employee Health. Due to weight and balance requirements, the weight restriction is 215 pounds fully dressed.
- By checking this box, I state that I do not have evidence of Hepatitis B or TB immunization or titer testing, and am willing to take the risk that I may be exposed to and contract the disease during observation experiences for which ThedaCare or PHI or any transferring agencies cannot be held responsible for transmission of disease.
6. Orientation and safety training will be held on the day of the scheduled ride-along prior to any flights.
 7. Ride-alongs will be able to sign up for shifts as available. Please list your dates of preference in order of 1st and 2nd choices. Although we will try to accommodate your schedule, we cannot guarantee a specific request.
 8. Prior to the beginning of your ride-along shift, contact ThedaStar at (920) 729-2114 to confirm the helicopter is available and not grounded due to unforeseen maintenance or inclement weather. If you must cancel your scheduled time, contact us as soon as possible. If you are unable to ride along on your assigned date or the helicopter was unavailable for your scheduled shift, it is the participant's responsibility to reschedule. Rescheduling cannot be guaranteed and will be done on a space available basis. Please make every attempt to keep your scheduled ride-along time.
 9. All participants are asked to dress appropriately in EMS uniform or dark cargo style pants, work shoes/boots and work shirt (no scrubs allowed). Boots must provide ankle support. No low cut t-shirts. Absolutely no open-toed shoes/sandals, dress shoes with heel, or tennis shoes will be permitted per safety standards.



10. When the flight crew is not involved with flight duties, you will accompany the flight team throughout their daily activities, including trauma team activation. We recommend bringing reading material or something to work on in the event the flight crew is involved in patient charting, etc.
11. Ride-along participants must be aware that weight limitations, the need for specialty teams, inclement weather, etc. may prohibit participation on certain flights. This may result in being left at a referring facility due to weight restrictions with a patient on board. If this should occur, you will be responsible to make arrangements for transportation back to Theda Clark Medical Center. Please have someone in mind before you start a ride along shift with ThedaStar.
12. Participants will be required to pay for their own meals. Food can be purchased at the employee cafeteria and the vending area. The hangar has a microwave and refrigerator available should you choose to bring your own food. Breaks will be provided as schedule allows. Free parking is provided. Please park in the parking lot north of the hospital by the Emergency Room entrance.
13. ThedaStar is not responsible for lost or stolen articles. Please place personal items in a secure location.
14. Riders will refrain from using social media to discuss their ride-along experience. This includes the use of Facebook, Myspace, Twitter, YouTube and other such social networking.
15. Following completion of the ride-along shift, participants will be asked to complete and return the ride-along evaluation form. Questions and suggestions are welcome.
16. In order to accommodate many different agencies, ThedaStar may find it necessary to defer requests from individuals who live outside of our immediate referral area. Also, once you have completed a flight with direct patient contact you will be unable to ride along in the future.
17. Date and time of designated ride-along shift will be confirmed via email or phone call from ThedaStar staff. No ride alongs are allowed from 10pm – 7am
18. With safety as top priority, it is advised riders do not work a night shift prior to a scheduled ride-along shift.

ThedaStar Ride Along Objectives

- To assist emergency room and critical care nurses in learning how a plan of care may be different in the pre-hospital setting.
- To assist fire and law personnel in learning what information is critical to our objectives during flight and for the landing zone process.
- Observing how rapid trauma care and transport is utilized and performed for definitive care under the guidelines of the Wisconsin Trauma Triage Protocol.
- To gain knowledge and insight into the role of critical care transport.

If you are interested in participating in this program, please review the guidelines above, complete the Ride Along Application and Release Form and return it to:

ThedaStar Air Medical
ATTN: Ride Along Coordinator
120 Second Street
Neenah, WI 54956



APPLICATION FOR RIDE-ALONG

Name: _____

Street Address: _____ Weight with clothes on: _____

City/State: _____ Zip Code: _____

H. Phone: _____ W. Phone: _____ E-Mail: _____
(Please circle preferred method of contact.)

*EMS, Hospital, or other Affiliation: _____

Person to contact in case of emergency: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

*Please circle one: FR EMT EMT-I EMT-P RN NP PA MD Student Other (specify) _____

For NON-ThedaCare employees: Date of last negative TB test within past 1 year: _____
Proof of Hepatitis B vaccination? Yes No

Have you participated in a ThedaStar AIR ride-along in the past? Yes No

Are you actively involved in setting up landing zones for helicopter transport services? Yes No
If yes, explain your involvement: _____

Briefly tell us your professional goals for the ride-along program:

Ride-alongs will be able to sign up for shifts as available. Please list your dates of preference in order of 1st and 2nd choices. Although we will try to accommodate your schedule, we cannot guarantee a specific request.

1)

2)

***Must be completed to be reviewed.**



Release For Ride-Along Program

Please review the attached ride-along consent form in its entirety before completion. This is in accordance with EMTALA and/or HIPPA regulations.

I understand that the information provided in this application will be kept confidential by the staff of ThedaStar Air Medical and Petroleum Helicopters Inc. As a participant of the ThedaStar Ride-Along Program, I agree to comply with all policies, procedures, and guidelines established by ThedaStar Air Medical and its affiliates, including Theda Clark Medical Center and Petroleum Helicopters, Inc. (ThedaCare) and all patient information **will be kept confidential**.

I recognize there are risks associated with the ride-along experience and I am prepared to assume all such risks including risk of transmission of airborne, contact, or blood-borne pathogens.

I understand participation in the ThedaStar Ride-Along Program involves certain risks including, without limitation to, the possibility of a helicopter accident resulting in injury or death. In the event of an accident, illness, injury, and/or death while participating in the ThedaStar Ride-Along Program, I agree to release and forever discharge Theda Care and its officers, governors, trustees, employees, agents and representatives from any and all claims, demands, causes of action, losses and liabilities arising from or relating thereto.

Participant's Printed Name

Participant's Signature

Date

Witness Printed Name

Witness

Date



Ride Along Day Check List

_____ **Release of liability certificate**

_____ **Emergency notification form**

_____ **Current licensure/certifications (e.g. First Responder, EMT, EMT-P, BLS, ACLS)**

_____ **Orientation and safety briefing**

_____ **Confidentiality (HIPPA)**

_____ **Infection Control (Exposure to blood, infected patients, etc.)^{9/22/03}**

_____ **Hazardous Communication (What to do for needle sticks, Contamination, How to fill out proper forms, etc. HIPPA)**

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

Printed name

Flight Nurse

Date



Safety Briefing for ThedaStar Ride-Along Participants

NAME _____ DATE _____

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 shift, 0730 or 1330, or at the beginning of your shift should it not be the standard times, at the helicopter. 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.

General Content

- 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

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 _____ Operation of seats and seat belts

Briefed by _____ Ride along signature _____