

LIFESTAR Ride-Along Program

Thank you for your interest in the LIFESTAR Ride-Along program. Our Ride-Along program is now taking applications for November through March. Please read the eligibility requirements below before submitting your application.

The LIFESTAR Ride-Along Program is designed to provide a learning experience for employees in Emergency Services-related fields. This program provides an opportunity for emergency service providers to become knowledgeable about safe helicopter operations and appropriate flight criteria. It also provides a glimpse of patient care in the Air Medical field.

LIFESTAR transports critically ill or injured patients throughout the Texas & Oklahoma Panhandles, and Eastern New Mexico. While our goal is for ride-along participants to have an enjoyable experience, this should not be viewed solely as an opportunity for a "joy-ride." Rather, the ride-along experience should serve as an opportunity to view a larger portion of our local health care delivery system, appreciate the many entities that comprise that system, and offer insight that may eventually improve its overall efficiency.

Ride-Along opportunities will only be allowed at the Amarillo Base. Ride-Along opportunities will only be allowed from 7am to 7pm. If selected, you will be asked to complete a Ride-along safety briefing and quiz.

Eligibility

- The Ride-Along program is open annually from November 1st through March 1st.
- Candidates must be currently employed in emergency services related discipline (Physicians, Resident/Student Physicians, EMS, Nursing, Fire, & Law Enforcement). The agency or institution should be located within the LIFESTAR service area.
- A completed Ride-Along form must be submitted by the candidate's supervisor confirming the candidate is actively practicing/working in a emergency services field.
- A weight limit of no more than 210 pounds. Ride-along participation for individuals weighing 200-230 pounds will be subject to pilot discretion on the actual day of the ride-along once total crew weight can be considered. Regardless of weight, a Ride-Along participant must be able to fit in the aircraft seatbelts. This requires a waist size no larger than 44 inches.
- Candidates should be reasonably fit and agile. The ability to swiftly exit the aircraft without assistance is expected. The physical requirements are, at a minimum, what would be necessary to sit next to the emergency exit door on a commercial airliner.
- Individuals are only able to participate once every two years.

Appropriate Attire

Please be aware that professional attire is expected. EMS, Fire, and Law Enforcement personnel are encouraged to wear their uniform. Otherwise, individuals should wear black or blue, along with a solid white polo type shirt. Jeans and scrubs are unacceptable.

Boots are the preferred footwear for their superior ankle protection. However, other styles are acceptable so long as they have a non-slip tread and provide adequate foot protection. Open toe/back shoes such as sandals and clogs are inappropriate.

Jewelry is permitted, provided it is worn in moderation and does not present a safety hazard. Observers are not permitted to wear any form of facial jewelry while flying with LIFESTAR. Facial jewelry includes tongue rings, lip rings, nose rings, etc.

Visible or gross tattooing on face, neck, arms or hands displaying violence, drugs, sex, alcohol, or tobacco products is prohibited.

Health Concerns

A busy day with LIFESTAR may result in extended periods of time with little opportunity for nutrition and hydration. Ride-along participants will also be exposed to routine stressors of helicopter flying such as turbulence, vibration, noise, and extremes of hot and cold. If there is a physical or health concern that may prevent you from tolerating this type of environment, please indicate so in the comments section of the ride-along application. LIFESTAR reserves the right to request that ride-along candidates provide a physician letter granting medical clearance to participate in ride-along activities.



SUBJECT: Med-Trans Corporation (MTC) Ride-Along Program (Acknowledgement of Obligations and Hold Harmless)

I have requested to participate in the Med-Trans Corporation Ride-Along Program. This Program affords participating Health Care Providers with an opportunity to experience and observe actual Helicopter Emergency Medical Services (HEMS) flights as a passenger and observer.

This invaluable learning experience is designed to provide Health Care Providers with first-hand insight regarding helicopter safety, flight criteria, and patient care in an Air Medical setting. This is done by permitting participants to observe Med-Trans Corporation Pilots and Medical Crewmembers performing their duties while riding-along as a passenger during actual patient flights.

I understand that this Program is provided to me free of charge and I represent that the information contained in my Program Application was, and still is, accurate. I will follow all written Program instructions, and will follow all Med-Trans Corporation Pilot and Medical Crewmember instructions.

I am familiar with HIPAA confidentiality obligations; I understand that I may observe or learn protected personal health information during the course of the Program; and I agree to keep such information confidential as required by HIPAA.

I acknowledge and agree that I am an observer only, and will not engage in any patient care while participating in this Program. I have no duty (by state law, contract or otherwise) to assist in patient care that will interfere with my status as an observer.

I agree to indemnify, defend and hold harmless Med-Trans Corporation, and its owners, directors, officers, employees, affiliates and agents from and against any and all claims, liabilities, demands, actions, or causes of action to the extent arising out of, in connection with or relating to any of the following: (i) any inaccuracies in this Acknowledgement or my Application and/or (ii) my presence, action or inaction during any patient flight, or any of my actions which violate this Acknowledgement or any Med-Trans Corporation instructions (written or otherwise), regardless of the reason for taking such action.

(Signature)

(Printed Name)

(Date)

Marketing Department



**AUTHORIZATION FOR PHOTOGRAPHY, VIDEOTAPE,
AUDIOTAPE AND INTERVIEW/USE OF STATEMENTS**

I authorize Northwest Texas Healthcare System and/or its subsidiaries to photograph, videotape, audiotape or interview me, and I authorize Northwest Texas Healthcare System to use such photographs, videotapes, audiotapes and/or statements to inform and educate the public, and to promote the services of the hospital.

I hereby waive any right to compensation for Northwest Texas Healthcare System's use of the photographs, videotapes, audiotapes and/or statements and release Northwest Texas Healthcare System and its employees and agents from liability relating to Northwest Texas Healthcare System's use of the photographs, videotapes, audiotapes and/or statements.

(Name—Please Print)

(Date of Authorization)

(and/or Representative)

(Relation)

(Street Address)

(Phone)

(City/Zip)

(Signature)

Patient – Please Note

1. You have the right to request cessation of recording or filming.
2. You may revoke your authorization at any time by sending notice, in writing, to the Marketing Department of Northwest Texas Healthcare System.
3. Your authorization will expire within 3 years of the date you entered above.
4. Treatment, payment, enrollment and eligibility for treatment in this hospital are not affected by your agreement or refusal to give your authorization.
5. You are entitled to have a copy of your signed authorization.
6. Disclosure of a videotape, photograph, audiotape or interview to the general public could result in their republication by unknown persons without your/our knowledge or consent.

Marketing Department
Northwest Texas Healthcare System
1501 S. Coulter, Amarillo, Texas 79106
(806) 354-1118

3/1/06

LIFESTAR Ride Along Application

Today's Date: _____

Preferred Date(s)* _____

*Please list more than one date you are available

What do you expect to gain from your ride-along experience?

Have you flown with us before: Yes ___ No ___ If yes, when: _____

<i>Requestor Information</i>		<i>Emergency Contact</i>	
Requestor Age		First Name	
First Name		Last Name	
Last Name		Email	
Email		<i>Telephone</i>	
<i>Telephone</i>		Home	
Home		Cell	
Cell		<i>Address</i>	
<i>Address</i>		City	
City		State	
State		Zip	
Zip			

Weight		* Weight cannot exceed 210 lbs
Waist Size		*If waist size is greater than 44 inches you will not be able to safely and securely fastened into the seatbelts

Employer	
Title	

Provider Level	
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Medical History	
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