



Lifemed Bethel Ride Along Procedure

1. Fill out an Observer Program Participant Information Sheet (Next page. The form can also be obtained from the ED Clerk)
2. Leave the date blank (That will be filled out on the date of the flight by the flight crew)
3. Fax the completed form to the Bethel Base (Fax # 907-543-1262)
4. The Observer form must be received in our dispatch center prior to departing. The crew will send the completed form to dispatch upon activation.
5. Call the Bethel Base @ 907-543-5036. Confirm they received the form and provide the crew with a Local Bethel phone number.
6. Give the crew your availability to fly.
7. Riders will be notified based on a first come first serve basis.
8. Once you are called for a medevac it is your responsibility to arrange transportation to the hangar. The hangar is located at 3600 Tower Rd.
9. Make sure you are dressed for the weather. Alaska weather can change in a matter of minutes. **Anyone in scrubs and without a coat will not be allowed to fly.**



Observer Program Participant Information Sheet — Bethel

This is NOT an application—this information sheet is to be completed prior to any Observation Shift.

Applications to observe with LifeMed are available at www.LifeMedAlaska.com

Leave **Date** blank until ride-along is confirmed. Complete the rest of the form and fax to the **Bethel Base 907-543-1262**.

See cover page instructions for important details.

Section B should be completed and all items initialed by the participant and a crewmember during the normal daily check-off.

Date _____ Base _____ Medical Crew _____

A. Participant Data and Release

Full Name _____ Height _____ Blood Type _____

Address _____ Weight _____ Hair Color _____

DOB _____ Eye Color _____

Phone _____ Other Message Phone _____

Distinguishing Markings (tattoo, birthmark, etc) _____

Medical History/Medications/Allergies: _____

Emergency Contact:

Name _____ Address _____

Phone _____ Hospital/EMS Agency Affiliation _____

Release: I, _____, waive all claims for injury or damage to myself, persons, or property resulting from (1) any accident in or about the Aircraft or Flight, (2) any accident relating to the Aircraft or Flight, or (3) any injury or damage resulting directly or indirectly from any act or negligence of any other person. I acknowledge there are no warranties, and assume the risks involved in this activity, and, further, will indemnify and hold LifeMed Alaska, LLC, Providence Health and Services Alaska, or Yukon Kuskokwim Health Corporation harmless from and against any potential liability.

I hereby acknowledge that I have requested permission from LifeMed Alaska, LLC, to observe the activities and procedures of the LifeMed medical transport team. The observational experience will include accompanying the LifeMed flight team on fixed-wing aircraft, helicopters, and/or ground ambulances during medical transports.

I recognize that this observational experience is solely voluntary on my part, that I have no privilege to practice on any patient encountered by LifeMed Alaska, and that I will not be participating in providing any direct patient care. (Initial here _____)

It is the policy of LifeMed Alaska that the integrity of patient confidentiality and hospital information be maintained. I agree to refrain from discussing patient history, condition or diagnosis with anyone, even in casual conversation. No person observing with LifeMed Alaska is to disclose, discuss or use information relating to any patients and/or families or to LifeMed Alaska.

_____/_____
Signature of Observer / Date

B. Orientation

Complete or discuss and initial each item

crew obs

___ ___ Base Tour

___ ___ Helmet Fitting

Personnel Duties

___ ___ Interfacility Flights

___ ___ Scene Flights

___ ___ Observer Role

Aircraft Tour

___ ___ Approaching the Aircraft

___ ___ Operation of Doors

___ ___ Operation of Seatbelts

___ ___ Use of Intercom/Sterile Cockpit

___ ___ Emergency Egress Procedures

___ ___ Location of Life Preservers

___ ___ Location of Medical Equipment

___ ___ Stretcher Operation