MedCenter Air Observer Program

Thank you for your interest in the MedCenter Air Observer Program. We are excited to offer you the opportunity to learn more about aero medical and ground transport and our team.

Enclosed you will find your pre-flight packet including Observer Information Form, Patient Confidentiality/ Dress Code/Risk of Participation Form, Objectives Form and your Pre-Flight Checklist.

Eligible Observer candidates include both prehospital and hospital personnel. Prehospital personnel are to be active members of a Fire/Rescue service and or EMS agencies who are actively engaged in patient care and or aircraft scene management (minimum of EMT-I if EMS affiliated). Hospital staff who are eligible candidates include physicians, nurses and respiratory therapists. Both prehospital and hospital personnel must be practicing with an agency within MedCenter Air’s referral area of North and South Carolina. Currently students in any healthcare discipline are not eligible to participate in the Observer program.

Please note all Observer candidates must be in good physical condition and able to walk varied distances unassisted possible over uneven or hilly terrain. Due to aircraft weight restrictions, Observer candidates must weigh less than 220 lbs.

Please complete all forms as indicated and return them to the address listed below. Upon receipt of your packet, a member of the Observer Committee will contact you by phone or e-mail to schedule Observer time. Due to the unpredictability of our call volume, we cannot guarantee specific types of flights for your experience but will make every attempt to fulfill all your requested objectives. In the event that no flights are dispatched on your scheduled day, you will be rescheduled for another observation day at the earliest opening on our schedule.

All passengers are required by the FAA to have a safety briefing regarding the aircraft’s emergency procedures. A member of the flight crew will provide you with a safety briefing on your scheduled ride day. Please remember that you will not be allowed on the aircraft until this safety briefing is completed.

If you have any questions you may contact us via the MedCenter Air information line 704-355-7620 or mcaobserver@carolinas.org.

Sincerely,

Craig Townsend BSN, RN, EMT-B
Bill Viar RCP, RRT, EMT-P
Bill Osborne RRT

Please return completed forms to:
MedCenter Air
Attn: Observer Program
Po Box 32861 Charlotte, NC 28232
PRE-FLIGHT CHECKLIST

1. ★★★★ Completed “Observer Information Form”.
2. ★★★★ Sign “Observer Participant Agreement Form”
3. ★★★★ Completed “Observer Experience Objectives Form”
4. ★★★★ Complete Certification of Affiliation Form
5. ★★★★ Returned all above forms to MedCenter Air.
6. ★★★★ Received confirmation of scheduled Observer day. My date to ride is: ________.
7. ★★★★ Copy of licensure/certification and ID. (Required prior to participate in Observer program)

NIGHT BEFORE SCHEDULED SHIFT

7. ★★★★ Call MedCenter Air at 1-800-421-9195. Ask to speak to the Charge Person to verify that your observer date is unchanged. Changes may occur due to aircraft or weather considerations. MedCenter Air will make every attempt to notify you in advance if your time needs to be rescheduled but it is ultimately your responsibility to confirm your time. If you are unable to attend on your scheduled day, 24-hour notice is required. Any No Call or No Show candidates will be dropped from the program and not eligible for reschedule.

MORNING OF SCHEDULED SHIFT

8. ★★★★ Eat Breakfast / Dinner.
9. _______ Dress appropriately for the weather conditions and in accordance with the dress code policy.

10. ______ Be on time! Arrive at assigned base by 0645(day shift).

11. ______ Present picture ID to crew members

12. ______ Present Pre-Flight Checklist to be completed by yourself and crew member.

13. ______ Safety Briefing has been completed by __________, on __________.

14. ______ Complete the HIPAA information packet and post test

15. ______ View MCA Observer PowerPoint presentation

16. Have Fun!

PERSONAL INFORMATION SHEET

Name: ________________________________      Date: __________
Address: ______________________________       E-Mail:_______________________
City: _________________________________       State: ________         ZIP: ________
Preferred Callback Number: ______________________________________
Secondary Callback Number: _____________________________________
Best Time to Call: ________________   Latest Time to Call: _____________
DOB: ____________ Weight (Max 220 lbs): _______
Credentials (please circle highest level):  Firefighter  EMT-I   EMT-P   RN   RT   MD
Circle preferred shift: 6:45am-6:45pm (dayshift)
Circle preferred base: **CMC (Charlotte)  Blue Ridge (Morganton)  South Base (Rock Hill)**

**Emergency Notification**

1. Name: _______________________________ Relation: ______________________
Address: _________________________________________________________________
City: ____________________________ State: _____________ Zip: ________________
Contact number 1:__________________________     2:________________________

2. Name: _______________________________ Relation: ______________________
Address: _________________________________________________________________
City: ____________________________ State: ____________ Zip: ________________
Contact number 1:__________________________     2:________________________

**Medical Information**

Medical History: _________________________________________________________
Medications: ____________________________________________________________
Allergies: _______________________________________________________________
Physician: ______________________________ Phone#: _________________________
Dentist: ________________________________ Phone#: _________________________

*All personal and or medical information is considered confidential by the Observer Committee.*
OBSERVER PROGRAM AGREEMENT FORM

Patient Confidentiality:

As a participant in the Med Center Air Observer Program you may be involved in direct patient contact or have access to privileged patient information. You are obligated to keep any patient information in strict confidence per Federal and State HIPAA guidelines as well as CHS confidentiality policy (PR 140.02, Confidentiality of Patient / Employee information).

Dress Code

As a participant in the Med Center Air Observer Program you are expected to dress and present yourself in a professional manner. Well groomed with clean and neatly pressed clothing. Recommended clothing includes: Sturdy leather boots (no heels, dress shoes or sneakers), Khaki or cargo pants (no jeans, shorts or scrubs), polo or oxford style shirt (no loud colors or logo’s) and additional clothing for cold weather (hat, sweater, jacket, gloves, etc.). During aircraft operations Observers are required to wear the provided helmet and safety vest.

Photo/Video Use

Photos and or video may only be taken with the express permission of the flight crew. No photos and or video may be taken during active flight operations, of the patient or patient care. Please remember that all photos and or video taken during your Observation shift is solely for personal use.

Participant Risk Statement

As an Observer with MedCenter Air I understand and accept that there are inherent risks associated with the medical transport environment. These may include but are not limited to exposure to: environmental extremes (temperature, humidity wind etc), transport vehicle motion, vehicle exhaust, engine noise, rotor wash, flying dust and debris, uneven and difficult terrain, risks on the scene and or in the hospital environment, viewing severely injured patients/invasive medical procedures, blood and or body fluids and potential for injury during vehicle operations/incidents.
By signing the signature line below I agree that I have read, fully understand and accept the requirements, responsibility and or risks outlined in the Patient Confidentiality, Dress Code, Photo/Video and Participant Risk statements. I realize that breech of this information may also hinder further educational opportunities with Med Center Air and affiliated facilities.

_____________________     _________________
Signature          Date
CERTIFICATION OF AFFILIATION

Have this form signed by a supervisor, officer, training officer or chief who is able to verify participation as an active member in good standing within the listed agency and your certification level. Also please attach a copy of your current highest certification level.

By signing the signature line below I ________________________ (supervisor’s name) agree that ________________________ (Observer Candidate) is an active member/employee in good standing with ________________________(Fire/Rescue service, EMS agency or hospital) and is currently certified/licensed and practices at the level of _______________ (EMT-I, EMT-P, RN, RRT etc) within this agency.

___________________     _______________
  Signature        Date
OBSERVATER EXPERIENCE OBJECTIVES FORM
Please list your objectives for your Observer experience below. This will allow our medical crew to better tailor your experience in order to meet your needs. Please also list any areas of special interest you have (i.e. trauma, pediatric, OB) that you’d like to see while you’re with us.

1. _______________________________________________

2. _______________________________________________

3. _______________________________________________

4. _______________________________________________

5. _______________________________________________

Thank you for completing this and returning it with your packet. We look forward to seeing you soon.