FLIGHT OPERATIONS / COORDINATION

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The purpose of this policy is to state the position of Air Trek, Inc. with regards to the proper steps to follow when confirming all flight arrangements.

Once Air Trek receives confirmation the patient is ready for transport, the Flight Coordinator shall be responsible for completing the following:

1. Notify the Director of Operations of all upcoming flights.

2. Verify aircraft and pilots availability, qualifications and schedule aircraft accordingly by verifying who will be responsible for operational control.

3. Notify the maintenance coordinator of the aircraft's scheduled departure time & date. Manually post this information on the Aircraft Status Board in the hangar.

4. Notify the Director of Operations, Chief Pilot and the Director of Maintenance of all upcoming flights.

5. Confirm the patient's current location, facility name, address, phone number, room number, etc. Complete all information as required per the **AIR AMBULANCE TRANSPORT INFORMATION SHEET** (Trip Sheet).

6. Notify the Medical Flight Team per the **AIR AMBULANCE STAFFING POLICY** utilizing the Staffing Algorhythm.

7. Confirm the payment of the flight. If private pay, speak with the patient/family member about the method of payment.

8. When the costs are to be paid by a third party (ie: sending facility, insurance, etc.) the Flight Coordinator must obtain an authorization payment letter from the payment source. This authorization must be on their company letterhead, list the amount due, and date by which the payment will be received; as approved by the Business Office Manager or Director of Operations.

9. If the costs are to be paid on the receiving end, notify the Director of Operations before proceeding. It may be decided to have an overnight service obtain the check or credit card via fax prior to the flight's arrival.

10. If paying by credit card, obtain all credit card information (ie: card type, expiration date, card number, name on the card, security code, and billing address). Obtain authorization of the credit card via an acceptable form and manner. Any problems with the credit card should be reported to Director of Operations and the Business Office immediately.

11. **NOTIFY THE DIRECTOR OF OPERATIONS AND BUSINESS OFFICE IMMEDIATELY IF THERE ARE ANY PROBLEMS WITH PAYMENT AUTHORIZATION.**

12. Once all payment arrangements have been secured, speak with the family about the number of passengers traveling, the amount of luggage, flight times, etc.

13. Notify the receiving facility to obtain confirmation of bed availability and name of admitting physician. Document the time, date, and name of the person you spoke with. NOTE: Brokers must obtain this information themselves and provide us with the appropriate documentation such as facility contact name, phone number, name of admitting physician, etc.

14. Schedule and confirm the ground transportation at the sending end. Obtain Director of Operations approval if Air Trek is paying for the transport. Document the time, date, and name of the person that you spoke with.

15. Schedule and confirm the ground transportation on the receiving end. Remind the dispatcher we will provide them with a call one hour before the aircraft arrives. They should **not** dispatch a unit until they have received this hour out call. Remember to obtain Director of Operations approval if Air Trek is paying for the transport. Document the name and phone number of who you spoke with.

16. Determine fueling needs and make the appropriate arrangements with the FBO's at the sending and receiving airports. Note fuel costs, required method of payment, FBO hours, etc on the Trip Sheet. Complete all flight paperwork, Medicare Advance Beneficiary Notification Form, invoices, etc. as required.

17. Once all arrangements are complete, reconfirm departure times and information with the sending facility staff. (ie: Case Manager, Social Worker, etc.). Address any concerns to the Director of Operations immediately.

18. Once all arrangements have been confirmed and the flight teams have been scheduled, attach two copies of the Trip Sheet with the clipboard and place this in the appropriate aircraft bin next to the Medical Supply Room if the flight is to depart prior to Operations Center being staffed, other wise leave them in Operations so the crews will come in and get them.

19. The Flight Coordinator should ensure all international destinations are reliably safe areas for both the aircraft and flight team members. The most current travel advisories can be found at www.traveldocs.com. This website will also provide information on health/immunization requirements, customs considerations, military concerns, and potential civil actions occurring in that area.

20. If uncertain, contact the Director of Operations for guidance. Assuming something and not completing the arrangements properly can lead to a disastrous situation. When in doubt, **ASK!!**

Should the aircraft be late or the flight cancelled, notify the ground transport service immediately. Document the time, date, and name of the person you spoke with on the Trip Sheet.

All documentation associated with a cancelled trip, ie: Quote Sheet, Trip Sheet, etc, must be returned to the Business Office and maintained on file for a minimum of six (6) months.

Any questions or concerns about this policy should be directed to the Director of Operations immediately.

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FLIGHT FOLLOWING PROCEDURES – IN-PROGRESS FLIGHTS 1 of 2

The purpose of this policy is to state the position of Air Trek, Inc. with regards to flight following of In-Progress Flights.

The Pilot in Command (PIC) and the Senior Aeromedical Transport Specialist (SATS) are responsible for notifying the Flight Coordinator of their location and status per the **COMMUNICATIONS POLICY**. Failure of the flight team to remain in contact with the Flight Coordinator will not be tolerated. FAA regulations require the Flight Coordinator to know the location and status of the aircraft and flight team at **ALL TIMES**.

The daily Operational Director will assign one of the On-Duty Flight Coordinators to follow the status and location of each aircraft and flight in-progress. This Aircraft Flight Coordinator will be responsible for:

1. Update the Flight Tracking Board of each aircraft's status

2. Schedule, update, and coordinate all ground transportation services required for the flight. All notification times are to be noted on the Trip Sheet.

3. Coordinate all Customs calls, APIS notification, international paperwork, forms, etc.

4. Update the Director of Operations with any changes to a flight itinerary, i.e.: Destination changes, additional fuel stops, additional equipment or extra passengers, catering requirements, etc.

5. Adhere to the **FLIGHT FOLLOWING POST/ACCIDENT INCIDENT POLICY**.

6. Notify family members, hospitals, flight crews, referral sources, etc. of any scheduling changes.

7. Update the maintenance staff as requested by the flight teams or Director of Operations. The Director of Maintenance must be notified immediately of any mechanical problems reported by the flight staff.

Although these duties may be delegated, it is the responsibility of each Flight Coordinator to work together as a team to ensure these duties are completed in a timely manner.

The Aircraft Flight Coordinator, with minimum reference to notes, should be able to provide the following information for all flights in-progress:

1. Location of each aircraft currently in dispatch status.

2. If the aircraft is airborne, document an ATD, ETA, and ATA to the next stop, on both the paperwork and the status board.

3. If an aircraft is on the ground, know location and status of medical team, as well as the status of their ground transportation. Note on the Trip Sheet actual arrival and departure times.

4. Know if the flight is progressing as scheduled. If not, ask why and be able to provide the Director of Operations with the exact status of the mission. Each Flight Coordinator must act as a resource for the flight crew to minimize delays, track concerns, etc.

5. If the aircraft is overdue, notify the Director of Operations immediately as required under the **FLIGHT FOLLOWING POST ACCIDENT/INCIDENT POLICY**.

6. Follow the **MEDIA RELATIONS POLICY** as directed by the Director of Operations or designee.

The Aircraft Flight Coordinator will be rotated among the On-Duty Flight Coordinators on a schedule agreed upon by the Director of Operations. The Aircraft Flight Coordinator will be readily identifiable by a visual "symbol" placed on their desk. It is the responsibility of the off-going Aircraft Flight Coordinator to fully brief the incoming Aircraft Flight Coordinator of the status of each flight, and the incoming Aircraft Flight Coordinator **should not accept** coordination duties until they have obtained a full and complete understanding of each flight's status.

Note: As the number and complexity concurrent flights increases, the workload on the Aircraft Flight Coordinator will correspondingly increase. It may be necessary for the Aircraft Flight Coordinator to delegate some of these flight following duties to other Flight Coordinators. The Aircraft Flight Coordinator will remain responsible for all items delegated.

Any questions or concerns pertaining to this policy should be addressed to the Director of Operations immediately.

FLIGHT FOLLOWING – (PAIP) POST ACCIDENT/INCIDENT POLICY 1 of 2

The purpose of this policy is to state the position of Air Trek, Inc. with regards to flight following and post accident/incident procedures.

The Pilot in Command (PIC) and the Senior ATS are responsible for notifying the Flight Coordinator of their location and status per the **COMMUNICATIONS POLICY**. Failure of the medical flight team to remain in contact with the Flight Coordinator will not be tolerated. FAA regulations require the Flight Coordinator know the location/status of the aircraft at **ALL TIMES**.

If the aircraft or flight team is more than thirty (30) minutes overdue in reporting their location, complete the following:

1. If overdue on arrival, call the aircraft's cell phone, then the destination FBO.

2. If overdue leaving, call the departing FBO.

3. If overdue at the receiving facility, call the ground transport service to request an update from the flight team.

4. If overdue departing and have yet to report leaving the facility, call the sending facility and/or the sending ground transport service request the status of the flight crew.

5. Notify the on-duty 135 Operations Management contact immediately. After hours, call Dana Carr 941-639-4460 (home) or (cellular) 941-628-4291 or Wayne Carr 941-639-8130 (home) or (cellular) 941-628-4290 or Lester Carr 941-255-9415 (home) 941-628-9455 (cell).

6. If unable to locate the aircraft or personnel after one (1) hour, determine the aircraft's last known location and contact the Air Traffic Control Center for that sector. These numbers are located in the back of the current Acuquik guide. If still unable to locate the aircraft, contact Flight Service at 1-800-992-7343.

7. Document all calls on an Incident Report and forward this to the Safety Committee for review.

8. Complete any additional calls at the discretion of the on-duty 135 Operations Management contact.

9. If confirmed incident or accident, the on-duty 135 Operations Management contact will follow FAR 135.23 (1) and NTSB 830.5 and notify all ancillary agencies. (ie: EMS, FAA, etc). Immediately secure the hangar and office doors admitting only authorized personnel into the building.

10. The office staff, pilots, and medical personnel should forward all media requests to the Director of Operations per the **MEDIA RELATIONS POLICY**.

11. In the event of an incident or accident, a staff meeting will be scheduled as soon as possible to share pertinent information.

All questions or concerns should be addressed to the Director of Operations immediately.

IN-FLIGHT MEDICAL EMERGENCIES / CHANGING AIRPORTS POLICY

Declaring an in-flight emergency is probably the most important decision the flight team can make. Remember that declaring an in-flight emergency and declaring any emergency landing can be very costly and may lead to several legal implications.

Common reasons for changing airports include deteriorating weather patterns, life threatening changes in the patient's condition, aircraft mechanical failure, in-flight death, etc.

Should the flight team determine the patient's current medical condition is unstable, or the patient's condition might deteriorate before reaching the destination facility, the flight team can elect to declare an in-flight medical emergency and ask the pilot to land at the closest suitable airport with accessible and appropriate medical facilities nearby. If this situation occurs, the pilot and the flight team will need to work together. Remember to stay calm and not to panic! Treat the patient's medical condition and ready the patient and the family for landing. During an in-flight emergency, the pilots will have to be reminded to land at a large airport where ground ambulance assistance is readily available.

Advise the PIC to notify the Flight Coordinator as soon as possible of the patient's condition and request to have a ground ambulance waiting to assist you. The PIC should also notify Air Traffic Control (ATC) to request medical priority and an ambulance.

Once you have landed, the flight team **MUST** accompany the patient to the nearest hospital to assure a smooth and orderly continuity of care. The pilots will stay with the aircraft, readying it for the return or continued flight.

Some patient's may have a Living Will or DNR/No Code order. In these situations you should discuss with the family and/or patient, prior to the flight, which procedures they wish to have completed. This should be documented in the patient's medical flight report. Should the patient deteriorate during the flight, make the patient as comfortable as possible and continue to the original destination airport. If the patient expires enroute, document the time of death and notify the Medical Director as soon as possible of this situation. Remember: you must have written DNR orders to grant this wish. If written documentation is not available, treat the patient accordingly and consider declaring an in-flight medical emergency as stated above.

Should the destination airport change due to mechanical or weather difficulties, notify the Flight Coordinator as soon as possible so the appropriate ambulance arrangements can be made. Document the reason for the airport change on the PI Form and file an Incident Report upon returning to the office.

Any questions should be addressed to the Director of Operations and/or Medical Director.

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The purpose of this policy is to state the position of Air Trek, Inc. with regards to the international transport of unaccompanied minors.

There may be an occasion when we are called upon to transport a minor patient to or from an international location. Many countries require documentary evidence of the accompanying adults' relationship to the minor and permission of the parent(s) or legal guardian before they will allow the child to cross the border from one country to another. Single parents, grandparents or guardians traveling with children often need proof of custody or notarized letters from the other parent authorizing travel. These requirements are in addition to passport or proof of citizenship requirements.

To ensure the mission is completed with a minimum of delays, the Flight Coordinator should consider classifying any minor accompanying the flight as one of the following:

Minor traveling with one parent
If a minor child is traveling with only one parent or legal guardian, some countries may require a notarized consent from the absent parent/guardian before allowing the transport of the minor over international borders. The consent form should include the traveling parent's name, country or origin and destination, dates of travel, and contact information for the non-traveling parent. If only one parent has legal custody, that parent should be prepared to provide a court order of child custody.

Minor traveling alone or with someone other than a parent/legal guardian
If a minor child is traveling alone or in someone else's company, a notarized consent from both parents or the sole, documented custodial parent or legal guardian, as applicable should be required. The consent form should include the traveling companion's name (if the minor is accompanied), country of origin and destination, dates of travel, and contact information for the non-traveling parent(s).

Minor with a different last name
If a child traveling accompanied by parents has a different last name from the mother and/or father, the Flight Coordinator should require the parents to provide evidence, such as a birth certificate or adoption decree, to prove they are the parents.

Minor has one deceased parent
If one parent is deceased, a death certificate should be required.

Minor has one parent
If the birth certificate shows that the minor only has one parent, the air carrier should require a notarized copy of the birth certificate.

Although some countries do not require these documents for entry, and they are not necessarily required for departures from the United States, the National Air Transport Association (NATA) recommends following these guidelines for all international travel with minors to guard against legal action resulting from the transportation of minors.

Please address any questions or concerns immediately to the Director of Operations or designee.

The purpose of this policy is to state the position of Air Trek, Inc. with regards to the proper procedures to follow when coordinating a patient transport utilizing the *MEDASSIST* program.

1. Upon receiving a request for a **MEDASSIST** transport, the Flight Coordinator should immediately notify the Director of Operations to determine the patient's appropriateness for transport.

2. Once Director of Operations approval has been obtained, the Flight Coordinator should notify the assigned ATS. This ATS will require the same information provided for standard air ambulance transports, ie: patient name and location, diagnosis, condition, destination, equipment needs, etc.

3. The ATS will then call the sending facility/patient's home to obtain a patient medical report while completing the Pre-Flight Assessment Form. The ATS will then notify the Flight Coordinator of the patient's acuity, equipment needs, oxygen setting, etc. Should the patient acuity level be of concern, the Flight Coordinator must notify the Director of Operations before proceeding. NOTE: Not all airlines permit the use of oxygen during flight. The patient's in-flight oxygen requirements must be addressed before proceeding, as most airlines require 48 hour notice for this.

4. Once approved by the Director of Operations, the ATS must then brief the Medical Director of the transport per the **NOTIFICATION OF THE MEDICAL DIRECTOR PROTOCOL**.

5. Once Medical Director approval is obtained, the Flight Coordinator should discuss the payment concerns with the patient and/or family members. Any concerns with payment should be addressed to the Director of Operations immediately.

6. The Flight Coordinator will schedule all flight and ground transportation arrangements, discuss the patient's special needs with the airline, coordinate all visas and passports, hire a handler as needed, and complete any required State Department documentation. The ATS accompanying the patient should then be verbally briefed on these arrangements. The ATS and Operations Staff should discuss alternate plans if the flight is delayed or cancelled, if the patient does not have the mobility for this mode of transport, or if additional resources are required for the mission.

7. It will be the responsibility for the ATS accompanying the patient to gather any required supplies or equipment needed for the transport. This list of supplies/equipment will vary from patient to patient based on patient needs and acuity. All supplies/equipment required should be discussed with the Director of Operations and "signed out" of the med room prior to departure. **NO MEDICAL EQUIPMENT OR SUPPLIES CAN LEAVE THE OFFICE WITHOUT THE APPROVAL OF THE DIRECTOR OF OPERATIONS. ALL MEDICAL EQUIPMENT AND/OR SUPPLIES MUST BE SIGNED OUT BY THE ATS AND RETURNED IMMEDIATELY AFTER THE FLIGHT.** Any lost or damaged equipment should be reported to the Director of Operations immediately.

8. The ATS must contact the Flight Coordinator upon arrival and prior to departure from each stop made, per the **COMMUNICATIONS POLICY**. This includes keeping the Flight Coordinators aware of your hotel information, phone, departure times, or any changes that occur with the flight itinerary.

9. The ATS must complete a medical flight report per the **DOCUMENTATION POLICY**.

10. The dress code for the flight will be determined on a case-by-case basis by Director of Operations with regards to the patient's acuity, transport needs, and destination. Due to the sensitive nature of some flights, business casual attire may be required.

11. Upon arriving at the sending facility, the ATS should review the flight procedures with the patient and any family members accompanying transport. If the ATS can not answer the concerns, the Flight Coordinator should be notified before continuing.

12. Upon arriving at the airport, the ATS should inform the airline personnel of the situation and how we will be accompanying the patient for the flight. The ATS should request the airline personnel provide for early aircraft boarding and any further assistance required for the patient.

13. The ATS should ask the airline personnel to stay with the patient should the ATS have to attend to other matters; ie: phone calls, restroom, moving luggage, etc.

14. Upon arriving at the receiving airport the ATS should accompany the patient to the receiving facility. Ensure the patient's belongings and paperwork accompanies the patient.

15. Address all concerns to the Director of Operations and/or Medical Director immediately.

16. All flight paperwork and documentation should be properly completed and returned to the office staff upon the return of the ATS. All expense forms should be directed to the Business Office or Director of Operations for reimbursement.

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REQUEST FOR AIR AMBULANCE TRANSPORT POLICY 1 of 3

The purpose of this policy is to state the position of Air Trek, Inc. with regards to requests for aeromedical transportation.

All transport requests will be made by calling one of the following numbers:

1-800-633-5387 (1-800-MED-JETS)	**1-941-639-7855 International**
1-800-247-8735 (1-800-AIR-TREK)	**1-941-639-3945 Office FAX**

Each of these phone lines is available 24 hours, 365 days of the year.

All requests for transports shall be considered without discrimination due to race, creed, color, age, sex, or religious beliefs. Any concerns should be immediately addressed to the Director of Operations or designee.

The Flight Coordinator must obtain the following when a request for transport is received:

A. Initial Call to Request Information

1. Document the following:
   a. Caller's name, FAX, and phone numbers
      (Obtain caller's E-mail address when possible)
   b. Anticipated date of travel
   c. Name and location of the patient
   d. Patient's admitting diagnosis
      (Any specialty need? Bariatric, vent, neonate, etc)
   e. Patient's destination city and state

2. The Flight Coordinator will then provide the following:
   a. Cost of the flight
   b. Aircraft availability and Flight Schedule
   c. An educational overview of the aircraft, Air Trek's capabilities, bedside to bedside transport, video on web page, etc.
   d. A written quote will then be FAXED, E-Mailed or mailed with a brochure to the caller

B. Confirmation of the Transport

1. Once flight confirmation has been received and all information is gathered, the Flight Coordinator will complete the **FLIGHT COORDINATOR CONFIRMATION POLICY** and notify the Director of Operations or a member of the Air Trek Management Personnel of the flight.

2. The Flight Coordinator will then notify the Medical Flight Team per the **AIR AMBULANCE STAFFING PROTOCOL**.

3. The Chief Pilot or a member of the Air Trek Management Personnel shall be responsible for designating the Pilot in Command and if necessary the Second in Command for upcoming mission.

4. The Medical Flight Team shall then obtain a patient care report per the **PRE FLIGHT INFORMATION POLICY**.

5. The Medical Flight Team shall then provide the Flight Coordinator with an overview of the patient's condition and any special needs the patient or family members may need during the mission.

6. The Medical Flight Team should then follow the **NOTIFICATION OF THE MEDICAL DIRECTOR PROTOCOL** as applicable.

7. Once all transport arrangements are confirmed, the Director of Operations and Chief Pilot will coordinate necessary operational control requirement along with: aircraft departure times, destinations, alternate airports, etc.

8. The medical flight team should maintain constant contact with the Flight Coordinators per the **COMMUNICATION POLICY**.

There may be occasions where the Flight Coordinator will receive flight requests from other air ambulance programs. Some may be rotor based, some may or may not have their own aircraft or FAA 135 certificate, etc. It is imperative for the Flight Coordinator to know the specifics of the services we are working with, their specific mission needs, contact names and numbers, etc. The Flight Coordinator should also ensure all required paperwork and financial obligation agreements have been completed and approved by the Director of Operations or designee prior to scheduling the mission.

The Flight Coordinator may receive more simultaneous flight requests than we have available aircraft. Before proceeding in these situations, the Flight Coordinator should immediately notify the Director of Operations or designee of the situation. Flights will typically be scheduled based on the patient's transport needs/acuity, completion of bed confirmation and financial documentation, anticipated flight times, weather concerns, etc as approved by the Director of Operations or designee.

In these situations where we have more simultaneous flight requests than available aircraft or should the transport not be logistically best suited for our aircraft, the Flight Coordinator may consider either outsourcing the flight to another provider or making a flight referral to another service. All flight referrals and outsourcing must be approved by the Director of Operations or designee.

Outsourcing is defined as those flights in which another air ambulance service provides transport for us. The flight will be completed using current Air Trek policy and will be directly coordinated and followed by the Flight Coordinator. Cost for the flight will be reviewed by the Director of Operations or designee and approved prior to the flight's departure. The flight will be billed following current Air Trek accounts receivable procedures. The customer will be made aware the flight is being outsourced to another service. The Flight Coordinator shall have the outsourced service maintain constant flight following as outlined in the **FLIGHT FOLLOWING PROCEDURES - IN-PROGRESS FLIGHTS POLICY**.

Flight referrals are defined as those flights in which we ask our customer to directly contact another air ambulance provider. In these cases the standard flight information will be obtained and the case approved by the Director of Operations or designee before outsourcing the flight. The air ambulance provider outsourcing the flight must be approved by the Director of Operations or designee. The customer will then be provided with the reason for this outsourcing, the name and phone number of the suggested outsourcing provider and any information pertinent to the transport.

Any questions or concerns about any patient transport should be immediately directed to the Director of Operations or designee.

RESERVED