OPERATIONS – MANAGEMENT

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FLIGHT OBSERVER POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to the orientation and safety of anyone who wishes to experience a flight as an observer.

All Observers must have approval from the Chief Pilot and/or Director of Operations (or designee) prior to the flight's departure. It is preferred that observers have some aviation and/or medical background. Typical observers will be Social Workers, Case Managers, fellow Nurses, Paramedics, RRT, pilots, physicians, etc.

Once management approval has been received, the Pilot In Command (PIC) should be notified. It will be the responsibility of the PIC to ensure that the observer receives a proper briefing on the required safety and operational aspects of the aircraft per the **PRE-FLIGHT PASSENGER BRIEFING POLICY**. The name of the observer should be documented on the Trip Sheet and then filed with the transport paperwork.

The observer will be informed of the proper dress required and will not be permitted aboard the aircraft if the flight team feels the observer's dress is a safety concern.

Under no circumstances will an observer accompany a flight without the prior consent of the Chief Pilot and/or Director of Operations (or designee).

All those completing a Ride-A-Long will be required to complete the **Specialty Provider – Ride Along Program Flight Information Form** and to file this with the flight paperwork.

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

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MEDIA RELATIONS POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to speaking with the media.

Air Trek is constantly striving to maintain our position as a leader in the air medical industry. With this in mind, we are often called upon to provide opinions or statements with regards to air medical care. Requests for such information may come from several sources, such as:

Media Resources - local newspapers or television stations
Professional Group - Social Work or Case Management organizations
Civic Groups - Kiwanas, Rotary, etc

All requests from any media relations group must be immediately directed to the Director of Operations. Under no circumstances should the office, line, or flight staff discuss a flight or operational issue with the media without first obtaining permission from the Director of Operations.

All requests for public relations talks or presentations should be forwarded to the Director of Operations.

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

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NEONATAL TRANSPORT POLICY

It is the purpose of this policy to state the position of Air Trek, Inc with regards to the proper procedures to follow once we have received a request for the transport of a neonatal patient.

Flight Coordinator must complete the following:

1. Notify the Director of Operation, or designee, immediately.

2. Obtain the appropriate medical and patient information, including the transferring facility name and phone number, the transferring physician and phone number, the receiving facility name and phone, the receiving physician and phone number, etc.

3. Call the Neonatal Transport Team at All Children's Hospital. Their phone number is 727-892-4333. Advise their dispatcher we have received a request for neonatal transport. Should the dispatcher not be familiar with this request, ask them to page the Neonatal Transport Director. The dispatcher will then advise you if the neonatal transport team is available.

4. If the neonatal transport team is available, provide the dispatcher with all patient information and they will have a neonatal team member obtain a medical report to determine the patient's acuity and medical needs for flight.

5. Once the neonatal team has obtained a patient medical report, ask their dispatcher to provide us with the names of the transport personnel and the time that they will be ready for transport.

6. It will be the responsibility of the Air Trek Flight Coordinator to inform the neonatal team of the exact location that the aircraft will pick them up. This will include the airport name and identifier, FBO name and local phone number, tail number of our aircraft, and the name of our pilot in command (PIC).

7. If the transport is to or from an international location, the Flight Coordinator must obtain the appropriate customs information, ie: date of birth, citizenship, etc, for the neonatal medical team.

8. If the neonatal transport team is NOT immediately available for the transport, ask them for an availability time and notify the Director of Operations, or designee, immediately.

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

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The purpose of this policy is to state the position of Air Trek, Inc. with regards to the proper steps that must be followed when boarding and deplaning the patient.

Patient Boarding Procedures

1. Placing the patient aboard the aircraft will be completed under the direction of the PIC. Please note the PIC and ATS personnel must work together to make the boarding procedure smooth and safe for the patient and family members.

2. If inclement weather, ask the PIC to request the FBO personnel move the aircraft into a hangar to reduce the affects of the weather on the patient. Note: this might not be possible in all locations. If not available, take special care to shield the patient from the inclement weather conditions.

3. The patient should be placed on a portable stretcher at the sending facility and should remain on that same stretcher during flight.

4. When you arrive at the aircraft with the patient, review the boarding procedures with the PIC. The family members traveling with the patient should be escorted to the FBO office and encouraged to use the rest room facilities. The ground crew should be made aware the PIC coordinates boarding the aircraft.

5. Luggage will be placed aboard the aircraft prior to moving patient from ground unit and boarding family members.

6. The patient should be briefed on the boarding process and any questions or concerns answered before moving the patient from the ground transport unit.

7. Prep the patient prior to moving from the ground transport unit. Apply 02, connect the EKG leads, place the blood pressure and pulse oximeter devices on the patient, etc. This will expedite your departure once the patient is aboard the aircraft. Make sure the family members are at the aircraft and ready to travel. The patient should be outside in the elements as little as possible.

8. Place one ATS member and one pilot aboard the aircraft. Move the patient stretcher near the aircraft door, being careful not to allow the stretcher to come into contact with the aircraft. The remaining personnel should be at the side and head of the stretcher. Lift the patient from the sides and move the ground transportation stretcher out of your way. Work as a team and hand the patient onto the aircraft.

9. Some patients may not be on a portable stretcher, it will be done as follows. The method utilized will depend on the weight and condition of the patient. The Senior ATS and PIC will determine the method of placement aboard the aircraft.

   A. With the ground unit's stretcher in mid position (halfway down) a minimum of 4 people may lift the patient on the sheet. A fifth person will slide the portable stretcher under the patient. After securing the patient to both stretchers, the ground stretcher will be brought back up to the highest position. Personnel should remain holding both sides of patient to stabilize the patient.

   B. The ground unit stretcher will be lowered to the lowest position. The portable stretcher will be placed side by side to the ground unit and the patient sheeted over. After securing the patient, the portable stretcher and patient will be placed back on the ground unit. After securing the patient, the ground unit stretcher will be brought back up to its highest position. Personnel should remain holding both sides of patient to stabilize the patient.

10. Once the patient is aboard the aircraft, restrain the patient to the stretcher and prepare for departure. Once aboard, re-assess the patient's condition as soon as possible.

11. Board the family members and make the aircraft ready for immediate departure.

12. Discuss any problems or concerns that arise with the PIC.

Deplaning Procedures

1. Deplaning the patient from the aircraft will be completed under the direction of the PIC. Please note the PIC and ATS personnel must work together to make the deplaning procedure smooth and safe for the patient and family members.

2. If inclement weather, request the FBO personnel move the aircraft into a hangar to reduce the effects of the weather on the patient. Note: this might not be possible in all locations. If not available, take special care to shield the patient from the inclement weather conditions.

3. Have the family members exit the aircraft first and escort them to the FBO office.

4. Introduce yourself to the ground transport personnel and give them a brief report on the patient's condition. Explain to the ground personnel the PIC must coordinate all deplaning procedures and give them a thorough explanation of these procedures.

5. Place the ground transport unit's stretcher close to the aircraft door, making sure the stretcher does not come into contact with the aircraft. One ATS should be inside plane, one outside nearest aircraft. Move the patient from the aircraft to the awaiting stretcher. Move the patient using hand over hand method to assure that the sides of the patient always have someone stabilizing the stretcher. Take precautions to shield the patient from any adverse weather conditions.

6. If the Air Trek stretcher needs to be removed from under the patient, it can be done as follows, depending on the weight and condition of patient. The Senior ATS and PIC will determine the best method of deplaning the patient. After moving safely away from the plane:

    A. With the ground unit stretcher in mid position (halfway down), a minimum of 4 people may lift the patient on the sheet. A fifth person then pulls the portable stretcher out and the patient is lowered onto the ground unit stretcher.

    B. The ground unit stretcher will be lowered to the lowest position. The patient is then removed on the Air Trek stretcher to the ground. With both stretchers side by side, the patient is then sheeted over to the ground unit, secured and raised back up to the working level. Personnel should remain holding both sides of the patient to stabilize the patient.

7. Once the patient is aboard the ground transport unit, the PIC will coordinate removing the patient's luggage and personal belongings from the aircraft.

8. Any concerns with the deplaning procedures should be addressed to the PIC.

Emergency Evacuation of the Aircraft

1. This will be done at the direction of the PIC per FAA regulations.

2. The ATS must be familiar with all emergency exits pertinent to the aircraft they are aboard that shift.

3. Have family evacuate and move to a safe location, then deplane the patient and move as far from the aircraft as possible.

4. Notify the Chief Pilot and Director of Operations immediately.

Address any questions or concerns with the Director of Operations immediately.

PEDIATRIC TRANSPORT POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to the staffing and care for pediatric transports.

The Medical Director has defined a pediatric patient as any patient between 31 days to 12 years of age.

Upon receiving a request for a pediatric transport, the Flight Coordinator will immediately notify the Director of Operations to determine the specific crew assignment for the flight.

Working on conjunction with the Medical Director, the Director of Operations will have the Senior ATS phone the sending facility to obtain a medical report on the patient's condition. Once this medical information is obtained, the Medical Director will be notified per the **NOTIFICATION OF THE MEDICAL DIRECTOR PROTOCOL.** The Medical Director will then make the final decision as to the staffing requirements for transport.

Once the Medical Director has determined the staffing requirements, the Flight Coordinator will schedule the appropriate ground transportation required to meet the patient's acuity and transport needs.

Should the Medical Director determine the patient's acuity is too high for transport, the flight will be delayed pending the patient's stability AND Medical Director approval.

No pediatric patient shall be transported without the Medical Director first reviewing the situation to determine the proper staffing requirements for the transport.

Failure to comply with the above requirements could be grounds for disciplinary action.

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

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The purpose of this policy is to state the position of Air Trek, Inc. with regards to the rules governing the actions and ethical conduct of all personnel.

All personnel shall act in a professional and caring manner at all times. Rudeness, tardiness, un-kept clothing, body odor, profanity, and any unprofessional conduct, language, or actions will not be tolerated and may be grounds for immediate termination.

Under no circumstances will medical staff use their iPods or other music devices while patients and or family members are on board the aircraft. This includes using ear phones to silence the sound of engines. Air Trek provides hearing protection, should you need them.

Under no circumstances will a medical personnel open, turn-on or otherwise use a laptop computer or any other electronic devices while in contact with a patient and or family. The Director of Operation's may approve, under special circumstances if the patient requests to watch a movie etc. during the flight.

Under no circumstances will the medical personnel read books or news papers while in contact with the patients and or family members. The only exception to this is if medical personnel are referencing to the approved protocol manual.

Under no circumstances will medical personnel sleep while in the presence of patients and or family. Should you find yourself falling asleep, try engaging in meaningful conversation with the patient and or family members. This is one of the reasons you are there.

Under no circumstances will medical personnel bring up or discuss how tired they are because they work two jobs. Out clients expect that we are well rested and able to provide 110%.

All personnel shall provide care in an environment that respects the patient's right to privacy. This care shall be provided regardless of the patient's sex, age, nationality or ethnic beliefs, religion, or medical condition. The patient and family members shall be addressed in a respectful manner with no profanity, derogatory, slanderous, political or religious comments used.

No personnel shall fly aboard any aircraft while their ability to perform their duties has been diminished by the use of alcohol and/or drugs. No alcoholic beverages shall be consumed while on flight duty or for at least 8 hours prior to the flight departure. Flight duty shall be defined as period between arriving at the office until the time you return from the flight, whether or not the patient is aboard. Any violation of this policy shall result in the immediate termination of all personnel involved.

No personnel shall fly aboard any aircraft if they have donated blood or blood products within 72 hours of the flight departure or if they have participated in SCUBA diving at depths greater than thirty feet within the past 48 hours prior to the flight departure.

All personnel shall make the Director of Operations aware of any prescription medications currently being taken. This list of medications must be kept current at all times. Failure to maintain a list of current medications may be grounds for disciplinary action.

Any flight personnel suffering from sinusitis or any other condition which could prevent the employee from equalizing the pressure in their ears, must notify the Director of Operations immediately and receive medical clearance from the Medical Director before being permitted to function aboard the aircraft.

All personnel must comply with all training policies and procedures.

All flight team members must be able to lift 100 lbs.

All personnel shall adhere to the uniform standards as outlined in the **DRESS CODE POLICY**.

All Flight Team members are required to carry a copy of their specific licensure (ie: Pilot license, nursing license, paramedic license, ACLS card, etc.) and a Photo ID (preferably a Passport) while on duty. It will be the responsibility of the Flight Team member to have on file with the Director of Operations a current copy of their individual licenses. Failure to maintain a current personnel file will result in the employee being immediately removed from flight status.

All aviation personnel related disciplinary actions shall be coordinated by the Chief Pilot.

All staff personnel related disciplinary actions shall be handled by the Director of Operations.

All medical flight team related disciplinary actions shall be handled by the Medical Director and or the Director of Operations.

All flight team members are encouraged to leave our patients with a positive image. Should you encounter questions or concerns from the patient and/or family members, and are unable to answer their concerns, **DO NOT GUESS: Notify the Director of Operations immediately.**

The Medical Director shall review all Performance Improvement issues and determine which actions should be taken to restrict, remediate, or prohibit the medical flight team member from performing patient care procedures.

All media related requests should be forwarded to the Director of Operations. Under no circumstances shall the ATS make any comments to the media. This is the responsibility of the Director of Operations.

Under no circumstances shall an employee accept any compensation or gratuity from an outside vendor that could be misinterpreted as a reflection of the opinion of Air Trek, Inc.

All staff members holding state or federal licensure, ie: pilots, mechanics, medical staff, etc, will have their licensure and/or and credentials checked on an annual basis. The staff member will be removed form their work status if their licensure or credentials can not be properly verified.

Violation of any of the above may result in suspension from flight status and/or termination of the employee.

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

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PRE-FLIGHT MISSION BRIEFING POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to responsibilities of the Senior ATS when obtaining patient medical information prior to the flight's departure.

1. The Senior Aeromedical Transport Specialist shall obtain the flight information from the Flight Coordinator.

2. If the patient is of the pediatric or neonatal age group, obtain the patient report and inform the Medical Director immediately.

3. As soon as the transport has been assigned, the Senior ATS must call the sending facility to obtain a nursing and attending physician's report on the patient's medical condition, medications needed, equipment needed, etc. Complete the Pre-Flight Information Form and attach this to your final flight records. Document the name and title of the personnel you provided the medical report. The Operations Center should be immediately notified of any concerns, ie: inability to obtain medical information, language barriers, HIPPA concerns, etc.

4. The Senior ATS shall then notify the Flight Coordinator of the patient's condition and assist the Flight Coordinator with determining the patient's ground transportation requirements (ie: ALS, BLS, stretcher, etc).

5. If the patient's condition warrants, notify the Medical Director per the **NOTIFICATION OF THE MEDICAL CONTROL PHYSICIAN PROTOCOL**.

6. The Senior ATS will be responsible for briefing the ATS on the patient's condition, as needed. Document the name and title of the personnel who provided the medical report.

7. Prior to departing your home (or the hotel on RON flights), the Senior ATS must call the sending facility for an updated medical report to determine if there have been any changes in the patient's medical condition. It will be the responsibility of the Senior ATS to notify the Flight Coordinator, Director of Operations and the Medical Director, as necessary, of any pertinent changes in the patient's medical condition. Document the time you received the follow up patient briefing on your flight report.

8. Should any problems arise with the patient's condition or the transport arrangements, notify the Flight Coordinator and Director of Operations immediately. Once this is done, the Senior ATS should complete an Incident Report describing the changes or problems that arose. This report will be attached to the flight records and reviewed at the next Performance Improvement (PI) meeting.

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

I. TRANSPORT PROCEDURES

1. Obtain patient information and medical report as per **PRE-FLIGHT INFORMATION POLICY**. Notify the Medical Director as required.

2. Make all phone calls per the **COMMUNICATIONS POLICY**.

3. Brief the Pilot in Command (PIC) concerning additional equipment aboard per the **PILOT NOTIFICATION OF ADD ON EQUIPMENT POLICY**.

4. Place the medical equipment aboard the aircraft. It is the responsibility of the Aeromedical Transport Specialist (ATS) to ensure all necessary equipment, supplies, medications, oxygen, etc. are aboard the aircraft and properly secured for flight.

5. The Senior ATS must accompany the patient from "bedside to bedside" to ensure continuity of care. **This is not an option, it is mandatory.** You must receive approval from the Director of Operations or designee if the situation arises where you can not accompany the patient. Document the name of the management staff that approved this.

6. Make sure you are in compliance with the **DRESS CODE POLICY**, the **COMMUNICATIONS POLICY**, and the **EQUIPMENT POLICY**.

7. Review your Trip Sheet and take the appropriate equipment with you to the sending facility, ie: EKG, IV pump, 02, etc.

8. Once you arrive at the sending facility, immediately introduce yourself to the nursing staff and obtain an updated report while gathering the patient's paperwork. **DO NOT BARGE IN AND BECOME DEMANDING.** Remember to be polite, courteous, and professional with the nursing staff, patient, passengers and ambulance crews. Please give the staff our promotional information.

9. The Senior ATS must meet with the patient and family to brief them as to what will occur during the flight. This briefing should include, but is not limited to the following: luggage considerations, ambulance transportation, in-flight comfort, flight times, fuel stops, etc.

   At this time the Senior ATS should have all releases, Medicare Advanced Benefits Notice (if needed), authorization for treatment, HIPAA, and all appropriate transport forms signed and completed as required per EMTALA regulations. Address any concerns with the Operations Center before proceeding.

The PIC will give the final briefing at the aircraft per the **PRE-FLIGHT MISSION BRIEFING POLICY**. Review the paperwork with the family and collect payment. Should the patient and/or family be paying by credit card, call the office with this information before going any further.

COLLECTING THE PAYMENT MUST BE COMPLETED PRIOR TO DEPARTING THE SENDING FACILITY. Notify the PIC of any additional, unforeseen, weight constraints per the **PILOT NOTIFICATION OF ADD ON EQUIPMENT POLICY**.

10. Once the ambulance crew arrives, introduce yourself and explain how they can assist you in moving the patient. You must take charge of the ambulance crew from the start, utilizing a professional and respectful manner. Should you encounter a problem with the EMS crew, notify the Director of Operations immediately. Document any problems on an Incident Report and attach this to the flight paperwork.

11. Upon arriving at the aircraft, introduce everyone to the pilots, brief the PIC, ask the pilots to load the luggage, show the family to the restroom, take care of any personal needs (restroom) at this time, and make sure the pilots call the office. Once all of this is done, board the patient onto the aircraft and prepare for an immediate take-off. Do not allow the patient to wait aboard the aircraft while you are in the restroom or making calls. Remember: the aircraft temperature can be uncomfortable until you get to altitude. Have the pilots and ambulance crew assist with boarding. The PIC will oversee the boarding and deplaning of the patient and all passengers per the **PATIENT BOARDING AND DEPLANING POLICY**. The PIC will then give the final briefing per the **PRE-FLIGHT MISSION BRIEFING POLICY**.

12. Explain to the patient/family they may hear bells, radios, whistles, etc. during the flight. Reassure them this is normal and is a result of navigational aids, radio equipment, etc. Give the patient/family your undivided attention at all times.

13. Place the patient on the cardiac monitor and on-board oxygen supply. Secure all intravenous solutions and provide a briefing on the take-off procedures. The patient will be properly secured to the aircraft stretcher per the **SEATBELT POLICY**. There are NO exceptions to this policy. The ATS should remain seat belted unless required to move about to provide patient care. You must notify the PIC before moving freely about the cabin.

14. Obtain a baseline set of vital signs and record these on your Aeromedical Report.

15. Advise the pilots when you are ready to depart. This should ideally be within 5 minutes of having the patient aboard the aircraft.

16. You must document the cabin pressure and aircraft altitude hourly in your Flight Records per the **DOCUMENTATION POLICY**. The pilots will provide you with this information.

17. Ask the pilots to have the FSS/ATC notify the office when you are an hour from landing. This helps the Flight Coordinator have the ambulances waiting when you land.

18. When you land, exit the aircraft at the direction of the PIC, per the **PATIENT BOARDING AND DEPLANING POLICY**. Remember to introduce yourself to the ambulance crew and give them a short medical report. "Take charge" of the ambulance crew utilizing a professional and respectful manner, and instruct them how they can help you with the deplaning process. Be careful not to damage the aircraft when you board and deplane the patient. Should you encounter a problem with the EMS crew, notify the Director of Operations immediately. Document all problems on an Incident Report and attach this to the flight paperwork.

19. Upon arrival at the receiving facility, introduce yourself to the nursing staff; give them a patient report and a copy of your Flight Record. ***SMILE AND LOOK PROFESSIONAL AT ALL TIMES.*** Document the name of the person receiving the medical report. Please remember to leave a business card and promotional packet.

20. REMINDER: COMPLETE ALL CALLS PER THE **COMMUNICATION POLICY**.

21. While returning home, complete the Flight Record and Supply Usage Reports, recheck your equipment and replace any supplies used.

22. Upon returning to base operations: unload and clean the aircraft, restock drug box and supplies. Put all equipment in their proper locations. **PLUG IN ALL BATTERIES** (i.e. IV pump, Pulse Ox, Cardiac Monitor). Please place any soiled linen in the washer and start the washer cycle. Shift laundry to the dryer and remove dried linen for folding. Place soiled linen in bin.

23. Secure all biomedical waste per the **BIOHAZARDOUS WASTE DISPOSAL POLICY**. All trash should be removed. Leave the aircraft clean for the next flight.

24. The flight team should then gather all paperwork and submit this to the billing office for review. The teams will leave the paperwork in an approved folder located in the pre-flight area.

II. OVERNIGHT FLIGHTS

1. Inform the Flight Coordinator of your hotel, with the phone and room number where you are staying. Always keep the PIC informed of your location. On international flights the flight team should stay together, however, when going out alone the PIC should be informed of your location and ETA back to the hotel. Keep the PIC and Flight Coordinator updated as to your location and status.

2. All expenses should be handled by the PIC. Give all receipts to the PIC. Complete Expense Report and return to the Office Manager.

3. Call the office before leaving the hotel the next morning. Remember, there could be another flight. Make sure the PIC is aware of your location and status at all times.

4. Check for messages with the FBO staff before departure. Make sure the PIC calls the office before departing.

5. Keep expenses reasonable!

6. Make sure the PIC calls the office from **ALL** fuel stops.

III. AVIATION CONSIDERATIONS

1. The aviation staff must operate the aircraft in a safe and responsible manner in accordance with current Operations Specifications, Federal Aviation Regulations (FAR) and local noise abatement regulations.

2. When moving aircraft with the tug/truck, the PIC must ensure spotters are located on each wing-tip, as well as the tail section. This will ensure the aircraft does not strike any objects while moving to or from the hangar.

3. The pilot's crew duty time typically starts thirty minutes prior to the flight's departure. Air Trek pilot's are not issued pagers, thus they will not be subjected to on-call duty-time limitations.

4. Prior to each flight's departure, the PIC should review all flight and crew duty times with the Chief Pilot and Director of Operations, as well as their ATS staff. This is especially important on international and connecting (back-haul) flights. The PIC must ensure the crew receives proper rest periods in accordance with FAA standards. It will be the responsibility of the ATS to ensure they have received adequate crew rest prior to their flight duty. The SATS and the PIC must communicate any concerns with the Operations Center. The Operations Center may consider additional medical crew members in those situations where the medical team feels and/or requests additional crew duty rest. Adequate crew rest reduces the risk of medical errors, encourages professional attitudes, and reduces the stress of the mission.

5. Each crew member shall be responsible for ensuring they maintain proper nutrition and hydration during the course of the flight. The entire team may need to consider this on longer or international flights, those areas of the world where it is difficult to obtain food at fuel stops, etc. This should be considered and discussed with the Operations Center during the pre-flight mission briefing.

6. We often encounter areas with adverse weather. The flight team must work together to ensure the patient, the passengers, and themselves have a minimal exposure to extreme atmospheric conditions. In colder areas the aircraft may need to be moved to a hangar for boarding and deplaning, while warmer areas may require additional hydration requirements.

7. Prior to the flight's departure the PIC should remind the medical crew of standard sterile cockpit procedures for the flight. Only emergency communications should be shared with the cockpit while the aircraft is operating below 10,000 feet.

8. Address any concerns to the Chief Pilot and/or Director of Operations immediately.

IV. MAINTENANCE CONSIDERATIONS

1. The maintenance area must be free of obvious hazards. Spills must be cleaned immediately and specific work areas secured to ensure they are secluded from normal walking pathways.

2. All maintenance personnel must adhere to established safety standards, ie: safety goggles, placement of hazard signs, hearing protection, use of heavy gloves, back injury precautions, etc.

3. The maintenance personnel are authorized to perform only those procedures as coordinated and approved by the Director of Maintenance. Under no situation shall mechanical work be completed by personnel not approved by the Director of Maintenance.

4. The maintenance area must be secured in such a manner as to reduce potential interruptions and distractions from occurring. Unauthorized personnel should not enter the maintenance area unless so instructed by a member of the management team.

5. All mechanics and maintenance support staff are required to complete annual training, as required by the Director of Maintenance, to include but not limited to human factors, bloodborne pathogens, maintenance error reduction, etc.

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