

WELLNESS

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BIOHAZARDOUS WASTE DISPOSAL POLICY

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The purpose of this policy is to state the position of Air Trek, Inc with regards to the proper disposal of bio-hazardous wastes.

All personnel shall comply with the following procedures to minimize our exposure to bio-hazardous medical wastes:

1. All personnel shall receive training in the proper handling of any bio-hazardous medical waste.
2. Gloves must be worn at all times when dealing with possible bio-hazardous medical waste.
3. All bio-hazardous waste (i.e.: bloody dressings, empty IV and blood/blood product bags, used urinals and bedpans, suction tubing and adjuncts, soiled sheet and linens, etc.) must be placed in a red bag marked approved for bio-hazardous medical waste. Once full, this bag will be placed into another Bio-hazardous Bag (double bagged) and labeled with the company name, address, and date the waste was produced as required by local regulation (FAC-VAC)
4. All needles, syringes, sharps, etc. must be placed in an approved Bio-hazardous Container. Once filled, these containers are to be labeled with the company name, address, and date sealed.
5. All personnel shall wear gloves, facemasks, face shields, and gowns if they anticipate any blood or body fluids might possibly be splashed upon while performing patient care.
6. When the aircraft returns, all bio-hazardous medical waste bags and containers shall be removed from the aircraft and deposited in the marked Biohazard Storage Bin located in the medroom.
7. It shall be the responsibility of the Director of Operations, or designee, to notify the appropriate medical waste removal contractor as needed. Stericycle has been contracted for this service. The waste will be collected monthly. If no waste is generated, please notify the Operations Center and they will cancel the pick-up.

BIOHAZARDOUS WASTE DISPOSAL POLICY

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8. Should a biomedical waste fluid be splashed onto your uniform, remove the uniform as soon as possible. The uniform should be placed in a red biowaste bag and washed immediately at the hanger upon your return. **Under no circumstance should the uniform be taken home to be laundered.** Any exposure to biomedical waste should be documented on an Incident Report and attached to the patient's medical flight records.
9. Gloves shall be worn anytime direct contact is made with soiled linens (gowns and mask with eye protection are optional). Use care when checking for possible sharps and dispose of accordingly.
10. Any and all concerns should be addressed to the Director of Operations or Medical Director immediately.

CRITICAL STRESS DEBRIEFING TEAM IMPLEMENTATION POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to the procedures to follow should the Critical Incident Stress Debriefing (CISD) Team be required.

The CISD Team consists of medical professionals, nurses, paramedics, physicians, social workers, etc from a broad training background who have received specific training in how to deal with major incidents or stressful situations. The mission of this team is to provide our staff with a means of sharing their feelings and concerns about stressful cases or flights they have completed.

Should the flight team report a particularly stressful flight, ie: in flight death, in-flight aircraft emergency, etc, or if management personnel determine an employee is having a difficult time dealing with a particular case, the implementation of the CISD Team is to be considered.

Any member of the Air Trek staff may implement the activation of the CISD team. The staff needs to notify our CISM Team contact, Dana Carr. To activate a CISD Team response, contact Dana Carr via his cellular phone. Once he is notified of the particulars involved, he will notify the Regional CISD Coordinator.

The initial meeting of the CISD Team is provided to allow all staff members the opportunity to discuss any concerns they may have about the case. At the conclusion of this meeting, everyone in attendance will decide if any further meetings will be required. If more meetings are required, they will be coordinated through the CISD Team Leader and do not need to be scheduled by the Office Staff.

No meeting minutes will be kept to maintain the confidentiality of the discussion that was made. A written report will be filed that the team was activated, outlining date, time, and reason only.

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

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DRUG AND ALCOHOL USE/ABUSE POLICY

1 of 2

The purpose of this policy is to state the position of Air Trek, Inc with regards to the rules governing the use of drugs and/or alcohol products while on Air Trek property or while acting in the capacity of an employee of the organization.

The unapproved consumption of alcohol, open alcohol containers, or use of drugs and/or medications will **NOT** be permitted in or around any facility owned or managed by Air Trek, Inc. This includes, but is not limited to the following: crew quarters, hangars, tarmacs, and areas affiliated with the corporate offices, any satellite or ancillary base. Pre-approved company sponsored social or marketing events may be exempt as approved by the Director of Operations.

No employee shall drive, operate, or use any Air Trek owned, leased, or controlled vehicle, aircraft, or mechanical device if they have consumed any drug or alcohol product. **THERE ARE NO EXCEPTIONS TO THIS POLICY.** Each employee shall be responsible for ensuring they do not operate any of these devices after having consumed any alcohol product. Each employee is responsible for ensuring the vehicle they operate is in good working condition. The employee should perform a visual walk around inspection of the vehicle checking for tire and body damage, broken windows or lights, etc.

Any employees shall operate any Air Trek owned, leased, or controlled vehicle in accordance with the local rules, regulations, and laws in which they are located. Please consider local regulations and use caution when operating cellular phones while driving. Any accidents or potential vehicle damage should be reported to the Director of Operations or designee immediately.

Public relations, professional demeanor, and adherence to proper ethical and moral practices are expected from each employee. Clothing, uniforms, flight suits, jackets, etc with any reference to Air Trek or containing any company name/logo shall not be worn while consuming any alcohol product. If you go out with the intent to consume alcohol, ensure the Air Trek logo can not be identified.

The consumption of drugs or alcohol may hinder your ability to make sound judgments or decisions. No employment related duties should be performed by any employee who has consumed any drug and/or alcohol product. This includes performing pre-flight duties, offering advice or assistance with flight related duties/skills, assisting with any flight operation procedure, aircraft maintenance, flight following or coordination, public relation events, etc.

DRUG AND ALCOHOL USE/ABUSE POLICY

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Any drug or alcohol consumption conflicting with current FAR will be grounds for dismissal per the **DISCIPLINARY PROCEDURE POLICY**.

Any violation of the above guidelines may, at the discretion of the management team, be grounds for immediate termination per the **DISCIPLINARY PROCEDURE POLICY**.

Please address any questions or concerns to the Director of Operations as soon as possible.

HEARING PROTECTION POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to the use of hearing protection during flight.

All medical, aviation, and support personnel shall utilize an approved hearing protection device while working around the aircraft while the engine(s) are operating.

All adult patients shall be offered hearing protection prior to the flight, when their physical condition warrants. Acceptance or refusal of hearing protection must be documented in the patient's flight records.

All non-medical passengers (ie: family members, etc) shall be offered hearing protection prior to the flight. Acceptance or refusal of hearing protection must be documented in the patient's flight records.

All flight team members are encouraged to utilize hearing protection during flight, as patient care allows.

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

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INFECTIOUS DISEASE EXPOSURE POLICY

1 of 2

The purpose of this policy is to state the position of Air Trek, Inc in regard to any exposures to infectious disease (ID) patients. An ID will be defined as any medical condition that may be transmitted from one person to another. The following will be adhered to:

1. Wash hands with soap and water before and after patient contact. This is the most important measure in preventing the spread of disease.
2. Should the ATS encounter an ill appearing patient or passenger presenting with fever and flu-like symptoms of unknown etiology, especially if the patient is located outside the US, the ATS should consider isolation precautions for the flight. A list of any concerns or alerts issued by the Centers for Disease Control (CDC) can be obtained from the Operations Center or at www.cdc.gov.
3. Gloves, gowns, and mask with eye protection shall be worn anytime direct contact with the patient's body fluids is expected.
4. A bag-valve-mask device is preferred on all cardiopulmonary arrest patients. Mouth to mouth breathing should not be used.
5. Thoroughly clean and disinfect all soiled equipment and blood spills with a chlorine disinfectant solution of a 1:10 dilution of household bleach. The cleaning of any major spills within the aircraft shall be done under the direction of the Director of Maintenance.
6. Place all bio-contaminated linens, absorbent bandaging materials, IV tubing, etc. into separate red bags marked "Biohazardous Wastes" and all syringes, needles, etc. in an approved sharps container per the **BIOHAZARDOUS WASTE DISPOSAL POLICY**.
7. The Aeromedical Transport Specialist shall ensure an infectious disease kit is aboard the aircraft at all times and notify the PIC of the patient's specific infectious disease prior to transport.
8. All flight team members shall wear approved masks when the patient is known or suspected of having an infectious disease transmitted by oral/nasal secretions.
9. If the Flight Team feels they have been exposed to a ID patient, or if it is learned from outside sources (ie: hospital staff, ancillary agencies, etc) that a Flight Team member has been exposed to an ID patient, the Director of Operations and Medical Director will be notified immediately. The Medical Director will coordinate all care.

INFECTIOUS DISEASE EXPOSURE POLICY

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10. The Director of Operations will be responsible for notifying all ancillary agencies (hospital, EMS, etc) of any exposures encountered.
11. Eating, drinking, handling contacts, applying make up, or any contact with mucous membranes is prohibited when dealing with an ID patient.
12. Gloves shall be worn anytime direct contact is made with soiled linens (gowns and mask with eye protection are optional). Use care when checking for possible sharps and dispose of accordingly.

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

LATEX PRECAUTIONS POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to the proper procedures to follow for those patients with allergies to latex materials.

1. The ATS must screen the patient for all allergies, including those to latex materials.
2. The ATS should ascertain the patient has an ID bracelet identifying the patient as being latex sensitive. If no specific bracelet is noted, the ATS should note "latex sensitive" on the patient's name bracelet. This information must then be documented on the medical flight report.
3. Should the patient be sensitive to latex materials, the ATS must utilize materials that are labeled "latex-free", as found in the latex free kit in the medical supply room.
4. To protect the patient from exposure to latex products, the ATS should:
 - a. Wash hands and use latex-free gloves and supplies prior to providing patient care.
 - b. Use a blood pressure cuff as a tourniquet or cover the patient's arm with a kerlex to prevent skin contact with the tourniquet.
 - c. Do not administer medications containing latex products, ie: Benadryl.
 - d. Utilize only products labeled latex-free by the manufacturer.
5. Should the patient develop any form of allergic reaction, proceed to the proper medical protocol for appropriate medical care.
6. Upon arrival at the receiving facility, the ATS must notify the receiving staff of the patient's allergy to latex products. The name of the person receiving the report should be documented on the medical flight report.

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

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PHYSICAL EXAM AND IMMUNIZATION POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to the physical examinations and immunizations required for the flight personnel.

Per FAA regulations, the PIC exercising ATP privileges is required to maintain First Class physical all other Pilots must hold at least a second class Physical by an FAA approved physician. All pilots and maintenance staff will be tested for drug and alcohol abuse as required by the FAA.

During the initial employee interview, the employee's file will be reviewed for any past medical conditions that might hinder their performance to function as an Aeromedical Transport Specialist. **Air Trek is a drug-free workplace.** All employees will be required to submit to pre-employment drug testing. All employees are subject to "for cause" drug testing and must have a drug test within 24 hours of a work related accident or injury. All medical staff are required to participate in TB testing as outlined in the **TB Testing Policy**. All flight personnel shall be required to provide a copy of a current TB and HBV Testing.

Once employed, all medical flight team members may be required to complete health screenings as required by the Medical Director. Should the medical flight team member develop a medical condition that would hinder their ability to perform aboard the aircraft, or should they be placed on prescription medications, they must notify the Director of Operations in writing immediately.

Under certain circumstances, those flight personnel completing international transports may be required to have immunizations per State Department regulations. These immunizations shall be done after consultation with the State Department and the Medical Director, at Air Trek expense.

The Director of Operations and/or the Medical Director must approve any variation from the above prior to the flight's departure.

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

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PREGNANCY POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to the flight status of pregnant employees.

Any member of the medical team who is pregnant must notify the Director of Operations (or designee) within one week after learning that they are pregnant. Failure to notify the Director of Operations in a timely manner could be cause for disciplinary action.

After seeing her physician, the employee must provide the Director of Operations with her physician's written verification of pregnancy. The physician must also sign a statement acknowledging that the employee will be able to accomplish the tasks as outlined in the employee's job description, thus clearing her for flight duty.

If all required written documentation are submitted, and no medical changes are encountered, the employee will be able to continue her current flight duty status, until the 12th week of pregnancy, without further clearance required. If the employee fails to properly notify the Director of Operations of her pregnancy, she will be removed from flight status until the proper documentation is received.

In order to continue her flight status between the 13th and 24th week of the pregnancy, the employee must submit to the Director of Operations monthly written certifications from her physician stating that she is able to perform her duties as outlined in her job description. These certifications should be submitted on the 13th, 17th, and 21st week. If the employee fails to properly notify the Director of Operations of her pregnancy, she will be removed from flight status until the proper documentation is received.

Air Trek reserves the option to remove any pregnant employee from flight status if at any time during the pregnancy, in their opinion, the employee can not function in a safe manner due to a pregnancy-caused inability to perform her duties appropriately.

At the completion of the 24th week of the pregnancy, it is mandatory that the pregnant employee be removed from flight status. The employee will still be permitted to perform non-flight related duties if written permission is received from her physician.

At the completion of the pregnancy, the employee will be permitted to return to active flight duty status after she has provided the Director of Operations with documentation from her physician that she is able to perform all the tasks as outlined in the employee's job description. She must also complete any written module tests and competency evaluations as required by the Medical Director. These tests and competencies will be determined case by case, by the Medical Director. They will be based on the length of time that the employee was off flight duty status, her current employment position (Jr vs Sr ATS), and the competencies missed during her absence.

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

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SMOKING/TOBACCO PRODUCT USE POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to the rules governing smoking and the use of tobacco products while aboard or around the aircraft. This policy applies to all Air Trek employees, contract and vendor service personnel, as well as anyone working about a patient care area.

For safety purposes, **NO SMOKING** shall be permitted while aboard the aircraft, on the ramp, or in the hangar. Smoking will be permitted in designated areas only. It will be the responsibility of the Aeromedical Transport Specialist to instruct the patient and passengers of this policy.

There will be **NO SMOKING or the use of any Tobacco Products, including but not limited to cigarettes, cigars, pipes, chewing tobacco or snuff** at any medical facility, aboard any aircraft utilized by the program, during ground ambulance transport, in or around any Air Trek facility, or any area in which the patient, passenger, or customer may be.

Because non-smoking patients and family find residual smoke and tobacco odors, stains, or spit to be nauseating and offensive, the Aeromedical Transport Specialist and Pilot staff should not smoke between last showering and changing clothes prior to receiving the patient. An odor of smoke about you can be offensive and may lead to disciplinary action.

Any violation of this policy by an Aeromedical Transport Specialist will result in that person being removed from flight status for an amount of time to be determined by the Director of Operations and/or Medical Director.

BASICALLY, WE PREFER YOU NOT TO SMOKE, CHEW OR DIP TOBACCO PRODUCTS.

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

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TB TESTING POLICY

1 of 2

The purpose of this policy is to state the position of Air Trek, Inc. with regards to proper TB testing and screening required for medical employees. Those employees with direct contact with the patient are required to have a current TB test on file.

NEW EMPLOYEES

All new employees will be required to provide proof of a current TB Test. This test must be less than one year old. If the new employee can not provide this documentation, or if the test is more than a year old, the employee will be given a PPD test prior to being placed on active flight duty status. The testing will be provided at the hangar, or the employee can be tested at their local County Health Department. When being tested at the office, the employee must return within 48-72 hours to have the injection site evaluated by a staff member approved by the Director of Operations. If any concerns develop, the employee will be referred to the local County Health Department. The employee will be given a follow-up evaluation form from our office staff to be completed by the Health Department personnel. Self-reading of the results is not recommended and will not be accepted. Documentation of a negative test will then be placed in the employee's file.

If the new employee has tested positive for TB in the past, they will be required to provide documentation of their TB status, ie: copy of the TB status form, reaction size (mm) and follow up care given/required. If the new employee can not provide this documentation, they will be retested prior to being placed on active flight duty status. The employee will also be asked to complete a screening questionnaire. If the questionnaire determines follow-up care is required, the employee will be referred to their local County Health Department for care.

CURRENT EMPLOYEES

All medical staff are required to complete an annual TB screening and evaluation based on the last PPD test completed and/or hire date. This screening will include a PPD test for all medical staff who have previously tested negative, and a healthcare questionnaire for those who have tested positive.

EMPLOYEES TESTING POSITIVE

Any employee with a positive TB test will be referred to their local County Health Department for follow-up care and evaluation. A positive test will be defined as one producing a welt greater than 10mm in size. The employee should utilize their local Health Department. If this is not possible, the employee should contact the Medical Director or the Director of Operations for guidance. In PGD the staff can contact the Charlotte County Health Department at 941-639-1181, ext #244. Explain the situation and they will schedule an appointment for you to be evaluated. The employee will be given a form to be completed by Health Department personnel. It will be the employee's responsibility to return this form to the office. The employee will be removed from active flight duty status until this documentation is completed and returned.

POSSIBLE EXPOSURE FOLLOW UP PROCEDURES

Any employee who feels they have had a significant exposure to an active TB patient should complete an Incident Report and report this contact to the Director of Operations and/or Medical Director immediately. The employee will be given a PPD test. If a positive test is determined, the employee will be referred to their local Health Department for follow up evaluation. The Medical Director will then determine any follow up care required.

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

TUBERCULOSIS SCREENING ASSESSMENT

☐ I decline to complete Tuberculosis Screening Assessment. I understand my work responsibilities may place me at risk for the TB virus. Failing to complete this exam may affect your medical and/or work comp benefits. If I change my mind at a later date, I obtain this testing at my local Health Dept at my own expense.

Employee Name: _____ Signature: _____

A test for TB is not required if there is a past history of a positive PPD, tuberculosis, or BCG vaccine in the past five years, or if you are currently pregnant.

- | | |
|---|--|
| Have you ever had a positive PPD test? | ☐ YES ☐ NO |
| Have you ever had tuberculosis before? | ☐ YES ☐ NO |
| Are you taking steroids or immunosuppressives? | ☐ YES ☐ NO |
| Are you immunosuppressive? | ☐ YES ☐ NO |
| Have you had any recent exposure with a patient with active TB? | ☐ YES ☐ NO |
| Do you have a chronic, productive cough? | ☐ YES ☐ NO |
| Have you been vaccinated with a live virus within the past six weeks? | ☐ YES ☐ NO |
| Have you ever coughed up blood? | ☐ YES ☐ NO |
| Do you have night sweats? | ☐ YES ☐ NO |
| Have you ever had a CXR which found old healed TB scars? | ☐ YES ☐ NO |
| Have you had a viral infection within the last six weeks? | ☐ YES ☐ NO |

Please explain any YES answers below:

Year PPD Converted: _____	Last CXR Date: _____
Currently Pregnant: _____	BCG Vaccine Date: _____
Last PPD Date: _____	Result: _____

PPD TESTING

PPD Dose: _____	Lot #: _____
Administered By: _____	Date: _____
Date to be Read: _____	
Location Given: _____	Results in Millimeters: _____
Results Read By (Printed): _____	
Results Read by (Signature): _____	Date: _____

TB SKIN TEST MUST BE READ WITHIN 48 – 72 HOURS AFTER ADMINISTRATION

TO: _____

DATE: _____

FROM: _____

REF: FOLLOW UP INSTRUCTIONS FOR POSITIVE PPD SKIN TEST

As per our discussion, it is our policy to have you obtain a medical evaluation and follow up for your positive PPD skin test. You must complete the following:

1. Make an appointment with your local County Health Department or the Charlotte County Health Department 941-639-1181, ext #244 to schedule an appointment for follow up evaluation.
2. The Charlotte County Health Department is located at 514 E. Grace Street in Punta Gorda or call 941-639-1181.
3. Inform the Medical Director and/or the Director of Operations immediately of any follow up instructions received from the Health Department and return the required documentation to the office.
4. If you are being treated with any medications, inform the Medical Director and/or the Director of Operations immediately per the Personnel Policy.
5. Notify the Medical Director and/or the Director of Operations immediately, once you have completed the medication regime.

COUNTY HEALTH DEPARTMENT PROVIDER - PLEASE COMPLETE

The above named employee has had a positive PPD skin test to the left/right forearm, measuring _____ mm in size. Please indicate any treatment provided to the above named person:

_____: INH Therapy Date Started: _____

Dose and length of this therapy: _____

_____: Other medication _____ Date Started: _____

_____: No treatment initiated Reason: _____

Name of Medical Provider (print): _____

Signature of Medical Provider: _____ Date: _____

THE EMPLOYEE MUST RETURN THIS FORM TO THE OFFICE STAFF IMMEDIATELY.

WORKPLACE VIOLENCE POLICY

1 of 2

The purpose of this policy is to address the position of Air Trek, Inc. with regards to workplace violence. Air Trek, Inc. is committed to the health and safety of our employees, as well as the environment in which they work.

Workplace Violence is a leading cause of injury to workers in this country. The purpose of this policy is to raise awareness of potential workplace violence; provide support, when appropriate, to employees experiencing workplace violence; give guidance to management on addressing the occurrence of workplace violence and its affects on the workplace; and to create a safer work environment for everyone.

Workplace violence is a pattern of coercive behavior that may be used by anyone to gain power and control over another. Workplace violence includes physical, sexual, emotional, psychological, and financial abuse. Workplace violence occurs between people of all racial, economic, educational, and religious backgrounds, in heterosexual and same sex relationships, living together or separately, married or unmarried, in short-term or long-term relationships.

The batterer, perpetrator, or "abuser" is the individual who commits an act of workplace violence as defined above, whereas the survivor or "victim" is the individual who is the subject of an act of workplace violence.

Air Trek, Inc. is dedicated to preventing any potential workplace violence from occurring. Examples of unacceptable/coercive behavior may include any of the following: hitting, punching, shoving, stabbing, shooting, slapping, threatening or aggressive behavior, name calling, humiliating in front of others, controlling another's financial decisions, stalking, destroying or attempting to destroy property, sending any threatening emails, etc.

Any aggressive or threatening behavior must be reported to the management staff immediately. The abuser must be asked to immediately cease the behavior and leave the premises. The Director of Operations or designee may elect have law enforcement involved to help calm the situation.

WORKPLACE VIOLENCE POLICY

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Any member of the team demonstrating signs of potential violence will immediately be removed from duty until such time that the situation can be investigated and resolved. Those demonstrating signs of potential violence will not be permitted to return to the active work status until approved by the Director of Operations or designee.

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

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RESERVED