



Dear Observer Candidate:

Thank you for your interest in the Pegasus Observer Program. We are excited to offer you the opportunity to learn more about aeromedical and ground transport and the daily operations of our team.

Enclosed, you will find your observer packet including our "Observer Checklist", "Consent for Pegasus Observer Program" form, "Personal Data" form, "Acknowledgement of Patient Confidentiality Policy" form and quiz, "Acknowledgement of Dress Code Policy" form and the "My Objectives" sheet. Please note that all observer candidates must be in good physical condition and able to walk long distances unassisted and stand for long periods of time. There are no weight or height restrictions when observing with Pegasus Ground. Just keep in mind that the wearing of seatbelts is mandatory at all times so you must be able to secure your seat belt appropriately.

Please complete all forms as indicated and return them as soon as possible. Upon receipt of your packet, the program coordinator will contact you by phone to schedule your ride time. Due to the unpredictability of our call volume, we cannot guarantee specific types of transports for your experience but will make every attempt to fulfill all your requested objectives. In the event that no transports are dispatched on your scheduled day, you may be rescheduled, if desired, for another observation day at the earliest opening on our schedule.

Thank you again for your interest in our program and we look forward to riding with you soon!

Sincerely,

Buck DeForge, NREMT-P, CCEMT-P

Please return your packet to:
Pegasus Flight Operations
C/O Buck DeForge
200 Bowen Loop
Suite 100
Charlottesville, VA 22911

UNIVERSITY OF VIRGINIA PEGASUS FLIGHT OPERATIONS

CONSENT FOR PEGASUS OBSERVER PROGRAM

I have received an information packet from the University of Virginia-Pegasus Flight Operations crew. This packet contains (a) an explanation of actions I must take in the days before the flight, the night before the flight and the morning of the flight; (b) a statement of dress code requirements; (c) copies of the University of Virginia Medical Center's policies applicable to confidentiality of personal health information and the confidentiality agreements which I must sign before the flight. I understand that I must participate in a safety briefing before I am permitted to participate in the Pegasus Observer Program.

I have submitted written information about my medical history and current physical condition. I understand that the University of Virginia Pegasus-Flight Operations Crew will not verify the accuracy of the medical information I have submitted but will rely on the truthfulness of that information in permitting me to participate in the Observer Program.

I understand the risks of participating in the Pegasus Air/Ground Observer Program to be:

Possibility for prolonged exposure to loud noises from the aircraft:

It is required for all crew members/observers to wear hearing protection at all times when in or around the aircraft.

Possible exposure to blood and/or airborne pathogens from patients being transported: Observers do not participate in patient care yet the flight environment and intimate size of the aircraft/ambulance places observers in close proximity to blood, body fluids and airborne illnesses. However, if interested in assisting with non-invasive tasks, such as assisting the flight crew with moving a patient into the aircraft, they are required to practice standard body isolation techniques. i.e. wearing of gloves.

Possibility of injury or death from a hard landing/mishap or crash in aircraft or mishaps while on scene of an accident: All observers will be issued nomex flight suits and helmets to wear on all transports in the aircraft for their added protection in case of an accident. The pilot in charge during the observers shift is also responsible for briefing all observers on safety in and around the aircraft as well as on egress procedures in case of an accident.

Possibility of injury or death related to the inherent nature of a Scene Call or Disaster Call. There are several risk factors associated with presence at an accident scene: fires from spilled fuel, sharp metal, gases and hazardous materials, being struck by a vehicle related to collateral traffic etc. EMS/ Rescue environment has elements of unpredictability that are present despite all appropriate precautions to be safe.

By signing below, I state that I am 18 years of age or older or otherwise authorized to consent. I have read or have had explained to me the contents of this form. I understand the information on this form and give my consent to participate in the Pegasus Observer Program.

Signature

Date

Witness

Date

OBSERVER CHECKLIST

1. ___ Completed the “Consent for Pegasus Observer Program” form
2. ___ Completed the “Personal Data” form
3. ___ Completed the “Acknowledgement of Patient Confidentiality Policy” form
4. ___ Completed the “Acknowledgement of Dress Code Policy” form
5. ___ Completed “My Objectives” sheet for my ride-along: **Keep this form please**
6. ___ Make a copy of your current license/certification card
7. ___ Returned all above forms/copies to Pegasus at the address on the cover letter
8. ___ Received a call back from the program coordinator from Pegasus and my date to ride is _____.

NIGHT BEFORE GROUND SHIFT

- ___ Call Pegasus Flight Operations before 8 pm the night before you are scheduled to ride to ensure there have been no changes in your shift. The number to Flight Operations is 434-978-4426. Ask to speak with one of the medical crew members. Changes may occur due to truck availability or weather considerations. Pegasus 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 your scheduled day, a 24 hour notice is requested. Any No Call or No Show candidates will not be eligible to reschedule.

MORNING OF RIDE ALONG

1. ___ Eat breakfast!
2. ___ Lunch options are limited to the café at the airport, so it’s a good idea to
3. ___ bring your lunch with you. We have a fully functional kitchen at flight ops.
4. ___ Dress appropriately for the weather conditions and in accordance with the dress code policy.
5. ___ Be on time! Please be here and ready to go by 8 am on your scheduled day. There is a lot that needs to be covered prior to your riding with us. Flight Operations is located at the Charlottesville-Albemarle airport. We share our parking lot with the rental car agencies. Please park in front of our building in one of the spots marked “Pegasus”. Otherwise, your car will be ticketed and possibly towed at your expense by the rental car agencies. If no one is at flight ops when you arrive, please wait an hour for us to return. We are on a transport and will be back as soon as possible to get you.
6. ___ Bring your “My Objectives” form to be reviewed by your crew.
7. ___ Receive your transport briefing from the ground crew prior to riding with us.
8. ___ HAVE FUN!!!

PERSONAL DATA

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

DOB: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

Medical History: _____

Allergies: _____

University of Virginia – Pegasus Flight Operations Policy of Confidentiality of Patient Information

I. Policy

Any employee, physician or student involved in direct patient care may have access to privileged patient information. These individuals are obligated to keep this information in strict confidence at all times. An employee with knowledge regarding a patient's condition and/or prognosis should discuss this information only in the line of duty with persons authorized to have the information.

II. Purpose

To protect the right of privacy of each patient.

III. Procedure

- A. Release of information to the news media is handled through the University of Virginia's Media Relations Department.
- B. Employees releasing or discussing confidential patient information to unauthorized parties will be subject to disciplinary action.

University of Virginia-Pegasus Flight Operations Acknowledgement of Patient Confidentiality Policy

Patient Confidentiality/HIPAA Quiz (Must be completed)

1. T F It is okay to discuss the details of your patient transports; including the patients name and diagnosis, with your friends.
2. T F When you are turning over care of your patient to the receiving facility, it is okay to give the receiving provider a full patient report.
3. T F When you are turning over care of your patient to the receiving facility, it is okay to discuss the transport with medical personnel that won't be directly involved in that patients care.
4. T F It is perfectly acceptable to look through other patients charts for your own educational benefit as long as you don't tell anyone.
5. T F It is okay to read through a patient chart without consent as long as the patient is a close friend or family member of yours.

I, _____ have received a copy of the University of Virginia-Pegasus Flight Operations "Confidentiality of Patient Information" policy. I have read and fully understand the policy and realize that breech of this policy will hinder further educational opportunities within our transport system.

Signed

Date

Dress Code for Pegasus Observer Program

Purpose:

In order to maintain a positive image, the dress code of the Pegasus Air and Pegasus Ground personnel will be followed whenever on campus and/or transport.

Policy:

Appropriate uniform will be worn while on duty or anytime the observer participant is representing Pegasus. At no time will any denim clothing be allowed. No short hemlines, shorts or dresses of any kind should be worn.

Procedure:

1. All Pegasus observer participants
 - a. Transport uniforms should be clean and in good repair for observers.
 - b. Good personal hygiene and a professional appearance is expected at all times.
 - c. Due to the confined space of the helicopter/ambulance and possible allergies/medical conditions of the patients we will be transporting, no perfumes or colognes shall be worn.
 - d. No loud hair bows or flashy jewelry should be worn with the transport uniform. Extremes in hairstyle and color should be avoided. Long hair should be able to be pulled back in an appropriate style for the work environment.
 - e. A T-shirt (100%) cotton, either blue or white, may be worn under the uniform.
 - f. 100% cotton socks and undergarments should be worn while on duty.
 - f. Pegasus crew members reserve the right to disapprove of any apparel that may be considered inappropriate or unsafe.
2. Additional required attire for Pegasus Air participants
 - a. Use of Pegasus helmets are mandatory and must be worn by all personnel in the helicopter. A helmet shall be provided to all participants the morning of their flight shift.

- b. Nomex flight suits are mandatory and must be worn by all personnel in the helicopter. A flight suit shall be provided to all participants at the start of their flight shift. All worn flight suits will be laundered regularly by Pegasus Flight Operations.
 - c. Acceptable footwear is high top leather shoes or EMS/work boots. Steel toe is preferred but not mandatory. **(No dress shoes or tennis shoes permitted)**. All footwear shall be in good repair.
3. Additional required attire for Pegasus Ground participants
- a. Polo shirt with dark blue or black EMS/work pants.
 - b. Scrubs are generally not recommended due to their limited protection against possible exposure from patients.
 - c. Acceptable footwear is high top leather shoes or EMS/work boots. Steel toe is preferred but not mandatory. **(No dress shoes or tennis shoes permitted)**. All footwear shall be in good repair.
4. Adverse Weather Conditions
- a. Participants are to bring their own winter coats when weather conditions warrant the need for them.

Pegasus Flight Operations Acknowledgment of Observer Dress Code Policy

I, _____ have received a copy of the Pegasus Flight Operations “Observer Dress Code Policy”. I have read and fully understand the policy and realize that breach of this policy will hinder future educational opportunities for me within the Pegasus Observer Program. Participants arriving without appropriate attire will forfeit their observer shift.

Signed

Date

OBJECTIVES FOR MY RIDE-ALONG

Please list your objectives for your ride-along day below. This will allow our medical crew to better tailor your experiences to meet your needs. Examples of objectives include: to learn more about flight and/or critical care ground transport procedures; to gain a better perspective of pre-hospital medicine; to learn more about trauma, complex cardiac or pediatric patients etc. Please also list any area of special interest you may have that you may like to discuss while visiting us for the day.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Thank you for completing this form and remembering to bring it with you on your scheduled shift. We look forward to meeting you!! Please call Pegasus Flight Operations with any questions 434-978-4426 or contact Buck DeForge at bjd3c@virginia.edu.