

# Fly-Along Program



## Professional Fly-Along Program Guidelines

- 1** Fly-along participants must complete the Fly-along Safety Module online. You will be contacted by a UnityPoint Health LifeFlight crew member to schedule your Fly-along shift. Two weeks pre-scheduling is recommended.
- 2** Fly-along participants are expected to act professionally and function as an “observer only” under the direct supervision of the UnityPoint Health LifeFlight Des Moines crew members. Fly-along participants are required to be at least 18 years of age, certified EMT-B, I, P, PS, Physician, RN, Resident physician or other healthcare provider as approved by the UnityPoint Health LifeFlight manager.
- 3** Fly-along participants must be in good health and should not be suffering from any illness that is disruptive to operations on the day of their Fly-along shift. Pregnant females must have a note of permission from their physician prior to flying.
- 4** Fly-along hours are from 0700-1500 in Des Moines. Participants must sign up for the full 8 hours. One Fly-along participant is scheduled per day.
- 5** Fly-along participants should call the medical crew through UnityPoint Health LifeFlight Dispatch at (515) 241-6149 on the evening before their scheduled fly-along shift to check the availability of the helicopter for their shift. If the helicopter is unavailable, a scheduler will contact you to reschedule.
- 6** There are weight restrictions for the helicopter. Participants must be aware that they may be restricted from some flights, or left at a referring facility due to weight restrictions. Weight restrictions are determined at the discretion of the pilot and program manager.
- 7** Fly along participants must dress appropriately during their scheduled Fly-along shift. EMS jackets from your service are strongly encouraged. Hats, gloves, long underwear and boots are necessary during cold weather months. UnityPoint Health – Des Moines appearance policy must be adhered to during fly-along shift (see attached). Scrubs or EMS pants and a collared shirt may worn. Lace up hard soled shoes or boots required. You will be required to wear a Fly- Along Program OBSERVER name tag visible at all times as well as reflective safety vest as outerwear when applicable.
- 8** Fly-along participants are responsible for their own meal during their shift. We strongly suggest you bring food and beverage as there is limited local access to such. Kitchen facilities (including refrigerator and microwave) are available.
- 9** If you do not have any flights on your shift, you will be able to schedule another day as availability permits.
- 10** Fly-along participants may schedule one Fly-along shift per year (except in the cases of cancelled shift or no flights during your shift; refer to #9)
- 11** Fly-along participants are required to complete and submit a Release and Confidentiality Form, Emergency notification form, and current employment verification. Bring Photo ID. Please bring them with you on your scheduled day.
- 12** Crewmembers have the authority to send anyone home whose dress or behavior does not meet the guidelines of UnityPoint Health – Des Moines HR appearance policy.
- 13** On your scheduled day, park in the visitor’s lot. Report to the emergency registration desk and ask for the flight crew to be notified that you have arrived. If we are on a flight, contact UnityPoint Health LifeFlight Dispatch at (515) 241-6149 for further details.

*We reserve the right to reject anyone for any reason. We have the right to cancel and reschedule a Fly-along shift at anytime.*



# Fly-Along Program



## Release Form and Confidentiality Form

**Please read and sign this release form and Policy on Confidentiality.  
A witnessed signature, address and phone number are also required.**

I have requested to Fly-along for observation purposes with UnityPoint Health LifeFlight Des Moines Air Medical Crew. In the event of an accident, illness, injury and or death resulting from the Fly-along, I will hold UnityPoint Health LifeFlight Des Moines, UnityPoint Health – Des Moines, UnityPoint Health System and Air Methods harmless and will make no claim for liability, damages and/or compensation connected with my experience. I shall also protect and hold UnityPoint Health LifeFlight Des Moines and UnityPoint Health System harmless for accidents, illness, injury or liabilities resulting from my actions during or related to said fly-along experience.

I understand that as part of my Fly-along experience, I will be required to participate in a safety briefing with the crew. In preparation for this, I have been given a passenger briefing card for the helicopter.

### Policy on Confidentiality and Dissemination of Patient Information Verification

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. We prohibit the release of any patient information to anyone outside the organization.

I understand the UnityPoint Health – Des Moines provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of these patients. I understand that is necessary, in the rendering of services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by the crewmembers during my fly along with UnityPoint Health – Des Moines. If I, at anytime, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Program Manager, immediately.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's PRINTED Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone



**UnityPoint Health**  
Des Moines

# Fly-Along Program



## Employment Verification

Date: \_\_\_\_\_

I hereby attest that \_\_\_\_\_

Is a current member of the \_\_\_\_\_

Department/ Hospital Staff/ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor or Chief

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Daytime Phone Number

# Fly-Along Program



## Fly-Along Participant Personal Data

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Service Affiliation: \_\_\_\_\_ Weight: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# Fly-Along Program



## UnityPoint Health LifeFlight Fly-Along Program Review Questions

1. You are scheduled to fly with UnityPoint Health LifeFlight on the Fly-Along program tomorrow. You have a severe head cold with nasal stuffiness. You will not be allowed to fly due to the changes that may occur as you go to altitude causing pain.
  - a. True
  - b. False
  
2. The HIPPA privacy rule ensures all of the following except:
  - a. Implementing privacy procedures
  - b. Designating an individual responsible for privacy practice
  - c. Ensures transfer paperwork is completed by the transferring facility
  - d. Security of patient records
  
3. When hot loading a patient, the following are considered hazards:
  - a. Noise
  - b. Tail rotor
  - c. Blowing objects
  - d. all of the above
  
4. When hot loading a patient, allow the UnityPoint Health LifeFlight team to direct loading and unloading of equipment and patients at all times.
  - a. True
  - b. False
  
5. When participating in the UnityPoint Health LifeFlight Fly-Along Program your role is:
  - a. Assist with loading of patient
  - b. Observer only
  - c. Start IV's
  - d. Tail rotor guard