



## Flight Observer Program

1. Objectives:

To give the observer a better understanding of the mission of First Flight.
2. Qualifications:

The “Observer Program” will be open to all members of the local EMS and Fire Rescue community. We will also make the program available to members of the ED, Trauma Center, Critical Care RN’s, and Paramedic students.
3. Restrictions:
  - a) All observers must be an active member of one of the above mentioned organizations.
  - b) All observers must adhere to the “Met Life” height and weight chart + 20%, with a maximum weight of 235 lbs. (See Attached Met Life Chart)
  - c) Potential observers must complete a modified “ground Safety Course” in the morning of your scheduled day.
  - d) Observers will be permitted to ride-along on a day shift only. (7am-5pm) Mondays and Wednesdays only.
  - e) The observer will not be permitted to do any patient care or assist the flight crew in any way.
  - f) Observers must sign a release form and a confidentiality statement prior to any ride-along.
  - g) All “Observer Program” participants will do a rotation on their own time.
  - h) All participants may ride one time per year only.
  - i) Participants must be in good health. If you are ill (colds, flu, etc.) please notify us immediately to reschedule.
  - j) If you are pregnant, you may not participate in the “Observer Program”.
  - k) All participants will wear all cotton clothing and sturdy footwear, no clogs. You will be issued a Nomex flight suit and a helmet to be worn on all flights.
  - l) You must be 18 years of age or older.
  - m) All patient information will be kept strictly confidential and a confidentiality agreement will be signed
  - n) All information represented here is published on the following website.



## MET LIFE HEIGHT and WEIGHT

	Small Frame	Medium Frame	Large Frame
5' 2"	128-134	131-141	138-150
5' 3"	130-136	133-143	140-153
5' 4"	132-138	135-145	142-156
5' 5"	134-140	137-148	144-160
5' 6"	136-142	139-151	146-164
5' 7"	138-145	142-154	149-168
5' 8"	140-148	145-157	152-172
5' 9"	142-151	148-160	155-176
5' 10"	144-154	151-163	158-180
5' 11"	146-157	154-166	161-184
6' 0"	149-160	157-170	164-188
6' 1"	152-164	160-174	168-192
6' 2"	155-168	164-178	172-197
6' 3"	158-172	167-182	176-202
6' 4"	162-176	171-187	181-207
Weights at ages 25-59 based on lowest mortality. Weight in pounds according to frame (in indoor clothing weighing 5 lbs.; shoes with 1" heels)			

### What is Frame Size?

The Met Life website gives the following instructions<sup>3</sup> to estimate **frame size**:

*"Bend forearm upward at a 90 degree angle. Keep fingers straight and turn the inside of your wrist toward your body. Place thumb and index finger of other hand on the two prominent bones on either side of the elbow. Measure space between your fingers on a ruler. (A physician would use a caliper.) Compare with tables below listing elbow measurements for **medium-framed** men and women. Measurements lower than those listed indicate small frame. Higher measurements indicate large frame."*

ELBOW MEASUREMENTS FOR MEDIUM FRAME			
Height in 1" heels	Elbow	Height in 1" heels	Elbow
Men	Breadth	Women	Breadth
5'2"-5'3"	21/2"-27/8"	4'10"-4'11"	21/4"-21/2"
5'4"-5'7"	25/8"-27/8"	5'0"-5'3"	21/4"-21/2"
5'8"-5'11"	23/4"-3"	5'4"-5'7"	23/8"-25/8"
6'0"-6'3"	23/4"-31/8"	5'8"-5'11"	23/8"-25/8"
6'4"	27/8"-31/4"	6'0"	21/2"-23/4"



## Daily Observer Duties

### 1. Modified “Ground Safety Course”

Will be given by the Pilot in Command on the day of the Ride-Along. The course will cover: use of emergency exit, seat belts and safety in and around the aircraft.

### 2. Aircraft check out

Observer will accompany crew with the morning checkout of the aircraft. This time will also be used to better orient the observer to safety issues surrounding work around the helicopter...both on accident scenes and inter-facility sites.

### 3. Tour “Trauma Center”

Observers will tour the trauma resuscitation area and receive information regarding the capabilities of HRTC.

### 4. Observe trauma resuscitation

Observers will be present during trauma resuscitations and may follow the patient through their treatment.

### 5. Review “*First Flight*” protocols

Observers will be able to review the medical and operational guidelines of First Flight.

### 6. Scene and Interfacility Flights

Observers must be aware that they may not be able to accompany the team on all flights due to weight restrictions, IABP transports, L&D flights and the possibility of a two patient flight. There is a possibility that you may be left on scene due to safety and weight considerations.



Flight Observer Program  
Release Form

I recognize and acknowledge that all patient information and care is confidential. I agree that I will not disclose any of this information on person or persons or permit any person to examine or make copies of any reports or other documents relating to the patient at any time during or after participating in the **FLIGHT OBSERVER PROGRAM**. As a participant of the **FLIGHT OBSERVER PROGRAM**, I agree to comply with the policies and guidelines set forth by **FRIST FLIGHT**. I recognize that there are risks associated with the participation in this **FLIGHT OBSERVER PROGRAM**, and I wholly assume all such risks.

In consideration of the privilege being granted me by **HEALTH FIRST, HOLMES REGIONAL MEDICAL CENTER, and FIRST FLIGHT** to be a passenger in the **FIRST FLIGHT HELICOPTER**, I hereby assume all risks of personal injury or death and property damage or loss from whatever causes arising while I am approaching, entering, boarding, riding, or being on, disembarking from, or leaving, or being about the helicopter, while I am using, intending to use, or have used this privilege, and release **HEALTH FIRST, HOLMES REGIONAL MEDICAL CENTER, AND FIRST FLIGHT**, it's officers, employees, agents, and servants from any liability therefore of for contribution as a joint tortfeasors therefore, and will indemnify and save harmless said **HEALTH FIRST, HOLMES REGIONAL MEDICAL CENTER, OR FIRST FLIGHT**, it's officers, employees, agents, and servants from any such liability or contribution to such liability, while using this privilege.

It is understood and agrees by me that this privilege may be revokes at any time by **HEALTH FIRST, HOLMES REGIONAL MEDICAL CENTER, OR FIRST FLIGHT** or their authorized representative.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE SIGN AND RETURN VIA FAX WITH YOUR APPLICATION.