

**02.23 FIT TO FLY**

It is each pilot's responsibility to ensure he/she is prepared for flight duty. This is important in all operations, and especially on single-pilot, passenger-carrying flights. Do not come to work if you are not fit to fly. The "IM SAFE" checklist provides guidelines to follow:

- I      Illness
- M      Medication
- S      Stress
- A      Alcohol
- F      Fatigue
- E      Eating/Emotion

**02.25 REPORTING FOR DUTY**

Flight crewmembers shall report for duty to the appropriate dispatch station one hour prior to scheduled departure time for the first flight of the day, unless alternate arrangements have been made with the DO, CP, Station Manager or Dispatcher. For certain flights, more than one hour of prep time will be required to be ready for departure at the scheduled time. Pilots shall make all reasonable efforts to be prepared for on-time departures.

**02.27 CONDUCT**

Bering Air flight crewmembers are highly visible public figures, and shall conduct themselves accordingly at all times, especially when representing Bering Air during operations or while wearing company apparel. Drinking alcohol in company jackets is forbidden. Smoking while on duty is also forbidden. Dress appropriately for the operation and the environment at all times. Jeans with holes, inappropriate t-shirts, and open-toed shoes are not allowed.

**02.29 REQUIRED REPORTS TO SUPERVISOR**

The following items require immediate written notification via email to the director of operations, chief pilot, or station manager:

- DUI
- Denial of medical certificate
- Any action that may affect medical or pilots license
- Accident or incident (company or private aircraft)
- Engine failure or shutdown
- Aborted takeoff
- TCAS warning or evasive action taken with another aircraft
- Aircraft contact with another aircraft, vehicle, building, runway light, etc.

## **MEDEVAC**

### **14.01 INTRODUCTION**

Bering Air is equipped and prepared to provide medical evacuation flights, hereafter referred to as medevac, on an on-demand basis. In conducting these flights Bering Air is limited to providing transportation services for medical personnel and patients. Bering Air will not be responsible for actions by medical personnel relating to the care and treatment of patients. The following paragraphs in this in this chapter describe special actions and procedures that govern operational control and crewmember procedures specific to medevac flights.

### **14.03 OPERATIONAL CONTROL**

Normal operational control will be exercised for medevac flights that occur during daytime business hours. Operational control during initiation of a medevac after hours will be exercised by the President, Director of Operations, Chief Pilot, Station Manager, or their designate only.

### **14.05 CREWMEMBER RESPONSIBILITIES**

The PIC will continue to have the final authority as to the safe conduct of a medevac flight. Patient condition may affect how expeditiously a flight is conducted but should not affect safe operating procedures. Pilots should keep communication open with the medical personnel on board as much as possible; however, pilots should isolate themselves from medical personnel during take-off and landing and any other phase of flight which presents an increase in workload on the pilot. Pilots will direct ground vehicles maneuvering for patient loading/unloading.

### **14.07 MEDICAL PERSONNEL RESPONSIBILITIES**

At least one of the medical personnel on board must have successfully completed medical personnel and flight crew coordination training before they will be authorized to be on a medevac flight. Medical personnel that have not received this training will only be allowed on board if they are needed and/or they are receiving training from the qualified medical person.

### **14.09 "MEDEVAC" CALL-SIGN**

The term "Medevac" will be utilized only for that portion of the flight requiring expeditious handling. "Medevac" should be added to the remarks sections of a flight plan if expeditious handling is necessary.

### **14.11 REFUELING PROCEDURES**

Only when patient care would be impaired by patient unloading and loading will it be permissible to have passengers on board with the patient and one assistant standing by the aircraft with a fire extinguisher. Normally this situation will only arise after a non-scheduled stop enroute.

**H. CREW RESOURCE MANAGEMENT**

1. Situational awareness and the error chain
2. Communications
3. Workload assessment and time management
4. Reliance on automation
5. Stress

**I. CONTROLLED FLIGHT INTO TERRAIN (CFIT)**

1. Inadvertent flight into known icing
2. Recognition of loss of visual reference
3. Estimating inflight visibility at low altitude
4. Avoiding deteriorating weather conditions
5. Transitioning from VFR to IFR
6. Declaring an emergency

CURRICULUM SEGMENT: AIRCRAFT GROUND King Air 200

OBJECTIVE: To familiarize pilot with Flight procedures & aircraft systems.

INSTRUCTIONAL DELIVERY METHODS: Lecture, visual presentations

TRAINING AIDS: Classroom equipment .....

COURSEWARE: P.O.H.'s handouts.....

TRAINING HOURS: 23.5.....

TESTING/CHECKING: Written Examination, Instructor Certification

**General Operational Subjects Modules (To be accomplished by the Company)**

**A Weight and Balance**

1. General principles and Methods of weight and Balance Determination
2. Operations
3. Limitations

**B. Performance**

1. Use of appropriate Charts, Tables and other related material
2. Performance Problems; Normal, Abnormal and Emergency conditions
3. Performance Limiting Factors such as Runway Length, Ambient Temperature, Runway Contamination, etc.

**C. Flight Planning**

1. Flight Planning Charts, such as Fuel Consumption Charts
2. Operations
3. Limitations

**D. Approved Aircraft Flight Manual**

1. Applicability and Description of the AFM
2. Normal, Abnormal and Emergency Procedures Sections
3. Limitations Section
4. Maneuvers and Procedures Section
5. General Performance Section
6. Systems Description
7. Appendices, Bulletins and Supplements (as appropriate)

**E. Windshear Training**

1. Windshear Weather
2. Lessons Learned from Windshear Encounters
3. Model of Flight Crew Actions

**F.Crew Resource Management (CRM)**

1. Situational Awareness and the Error Chain
2. Stress
3. Communications
4. Synergy and Crew Concept
5. Workload Management
6. Decision Making
7. Advanced/Automated Cockpit

**G. Special Emphasis Items**

1. MEL
  - a. Pilot Deferred (M) items procedures
2. Trend Monitoring

**H. Seat Removal/Installation**

1. Procedures
3. Documentation

**I. Ground De-ice/Anti-ice Procedures**

1. Conditions Conducive to ground Icing
2. Ground De-icing/Anti-icing procedures

**J. Medevac Procedures**

1. Lifeport system description
2. Patient Loading/Un-loading
3. Escort Qualifications
4. Communications
5. Emergency Landing Procedures

**K. Operations above 25,000 feet**

1. Respiration
2. Hypoxia
3. Duration of consciousness without supplemental Oxygen
4. Gas Expansion
5. Gas bubble formation
6. Physical phenomena and incidents of decompression

**L. Aircraft Specific Emergency Training**

1. Fire Extinguishers
2. Oxygen Bottles
3. Life Raft (if required)
4. Life Vests
5. First Aid Kits