

**PART 138**  
**Air Ambulance Service Certification**

This new part of Jordanian Civil Aviation Regulations is hereby adopted under the authority and provisions of the Civil Aviation Law No. (41) 2007, and its amendments.



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**Subpart-A  
General**

**138.1 Applicability.**

This Part:

- (a) Prescribes the standards and requirements for any air ambulance services certification and the general operating rules for holders of the certificates; and
- (b) Establishes the minimum acceptable standards of service common to public and private sectors in the rotor and fixed -wing categories, and medical care units for specialized transport systems.

**138.3 Scope.**

This regulation applies to any service in Jordan that transports by air persons requiring medical care including, but not limited to:

- (a) Basic life support (BLS)
- (b) Advanced life support (ALS)
- (c) Critical care; or
- (d) Specialty care.

**138.5 Definitions.**

For the purpose of this part the following terms are defined according to their use in this part:

***Advanced life support (ALS):*** means advanced pre- hospital and inter facility care and treatment, as authorized by regulation, which may be performed only by a person licensed by the Ministry of Health as emergency medical technician paramedic, or licensed by the Armed Forces Medical Core.

***Air Ambulance:*** An aircraft that is an ambulance.

***Air Ambulance Service:*** means any governmental or private service that provides air transportation specifically designed to accommodate the medical needs of a person who is ill, injured or otherwise mentally or physically incapacitated and who requires in-flight medical supervision.

***Aircraft type:*** means a particular make and model of helicopter or fixed wing aircraft.

***Aircraft operator:*** means the owner who operates and maintains the aircraft utilized by an air ambulance service.

***Basic life support (BLS):*** means the medical and equipment required to provide basic life support to patients.

***Certification Evaluation Panel:*** means a permanent committee appointed by the Civil Aviation Regulatory Commission (CARC) comprising members from the Ministry of Health (Emergency Committee), the Medical Core of the Armed forces, Aviation Medicine Department (CARC) and Flight Safety Department(CARC) , whose duties will include initial or subsequent inspection of air medical services seeking certification , or of those already certified.

***Critical care:*** means pre-hospital or inter-facility care and treatment, respectively, that exceeds the advanced life support level of care.

***Critical care air ambulance service:*** means an organization certified by the (CARC) to transport patients in an air ambulance that requires critical care.

***Jordan Civil Aviation Regulations (JCARs):*** means regulations promulgated by Civil Aviation Regulatory Commission governing the operation of all Civil aircraft in Jordan.

***Level of service:*** means the highest level at which the air ambulance service is certified.

***Medical director:*** means a physician who has the responsibility for oversight of patient care of an Emergency Medical Service system or provider service, including providing for or ensuring the medical control of emergency medical technicians, the development, implementation, and evaluation of medical protocols, and quality assurance activities.

***Physician:*** means a doctor of medicine or doctor of emergency and accident, who is licensed or otherwise authorized to practice medicine in Jordan.

***Protocol:*** means a predetermined, written medical care plan and includes standing orders.

***Provider:*** means a person who has been licensed by the appropriate agency to provide patient care at the ALS, critical or specialty care level.

***Specialty care:*** means care and treatment that exceeds the advanced life support level of care. The specialty care mission shall consist of at least one specialty care provider and at least one additional provider which shall be licensed at or above the ALS level of care, and/or specialty trained in the area of care required.

***Specialty care provider:*** means a caregiver appropriately trained and licensed to provide care as defined by the mission.

**138.7-138.10 Reserved.**



**Subpart -B**  
**Certification Requirements and Procedures**

**138.11 Required Certificates.**

No person shall operate an air ambulance in Jordan unless the person has a current and valid air ambulance service certificate.

**138.13 Eligibility for air ambulance service certificate.**

(a) To be eligible for an air ambulance service certificate, an applicant shall:

(1) Hold the Certification Evaluation Panel approval .

(2) Hold the following issued by the Civil Aviation Regulatory Commission (CARC);

(i) A Current and valid Air Operator Certificate authorizing common carriage under JCAR- Part 135.

(ii) A Current and valid operations specifications authorizing air ambulance operations.

(iii) Current and valid certificate of Registration for each air ambulance to be operated; and

(iv) A Current and valid Airworthiness certificate for each air ambulance to be operated.

(3) Have Current and valid liability insurance coverage for the air ambulance service as required by part 135 and part 201 of the JCAR.

(4) Have Current and valid malpractice insurance coverage for air ambulance service, with a maximum liability limit of at least one hundred thousand Dinars per occurrence; and

(5) Have a system and procedure for the disposal of the medical remnants.

(6) Comply with all applicable requirements of this part.

(b) To maintain eligibility for an air ambulance service certificate, an air ambulance service shall meet the requirements of subsections (a)(1)-(5).

**138.15 Certification Process and Procedures.**

(a) General :

Prior to the commencement of any air ambulance operations in Jordan, either an initial or full air ambulance certification is required for the levels of service as outlined below:

(1) Levels of service: the following levels of service are authorized in Jordan:

(i) Basic air ambulance service:

The medical service pertaining to a patient whose condition requires care commensurate with the scope of practice of basic emergency medical technician.

(ii) Advanced air ambulance service: The air medical crew shall at all times consist of at least two licensed health care providers, one of which licensed at the advanced life support level or above;

(iii) Critical care air ambulance service: the critical care mission shall consist of at least one critical care provider and at least one additional provider which shall be licensed at or above the advanced life support level of care or specifically trained in the area of care required;

(iv) Specialty care air ambulance service: the specialty care mission shall consist of at least one specialty care provider and at least one additional provider which shall be licensed at or above the ALS level of care, or specialty trained in the area of care required;

(v) In all such cases the minimum level of licensed health care provider staffing for each level of certification, shall be aboard the aircraft;

(vi) Services that provide care at the advanced, critical or specialty air ambulance level care are required to remain with the patient until someone of equal or higher training assumes care of the patient .

(2) Initial certification: a temporary certification for a maximum period of one year may be issued by the Chief Commissioner of the CARC,

upon successful completion of the application process, a preliminary inspection and approval by the Certification Evaluation Panel (CEP) Committee, and payment of all required fees.

(i) A preliminary inspection includes an on site visit with the air ambulance service, aircraft, and crew. The Certification Evaluation Panel (CEP) will normally consist of representatives from the Ministry of Health, the medical core of the Jordanian Armed Forces, Aeromedical Officer (CARC) and the Flight Safety Department (CARC).

(ii) Once a temporary certification is issued and within three years certification, the service shall obtain and maintain Certification Evaluation Panel accreditation in order to become fully certified by the Chief Commissioner (CARC).

(3) Full Certification: after successfully completing the Certification Evaluation Panel (CEP) accreditation process and upon approval by the Chief Commissioner/CEO, a three years air ambulance service certificate for the approved level shall be issued to the service. To be fully certificated, an air ambulance service shall:

(i) Comply with all applicable laws and rules to operate a business in Jordan;

(ii) Submit a copy of the Certification Evaluation Panel (CEP) accreditation report;

(iii) Complete a service application form and submit it along with the required application fees to the CARC.

(b) Initial Certification:

Prior to transporting patients within the Kingdom of Jordan an air ambulance service:

(1) Shall submit to the Chief Commissioner a completed Civil Aviation Regulatory Commission provided application (CARC Form 138-1) together with the appropriate fees.

(2) Shall provide a copy of the following issued by the Civil Aviation Regulatory Commission:

(i) A current and valid Air operating Certificate authorizing common carriage under JCAR Part 135.

(ii) Current and valid Operations Specifications authorizing aeromedical operations with both or either fixed wing or helicopter air ambulance operations.

(3) The Certification Evaluation Panel (CEP) shall conduct an inspection as required under Subpart C, D, E, F of this part approved by the CARC Director Flight Safety.

(4) Upon successful completion the Civil Aviation Regulatory Commission shall issue an air ambulance service certificate for period of one year for the approved level/levels of service.

(c) Full Certification:

By the end of the seventh month of the initial certification the air ambulance service shall:

(1) Submit to the Civil Aviation Regulatory Commission a renewal application using CARC Form 138-2.

(2) The Certification Evaluation Panel (CEP) will Schedule an air ambulance service site inspection visit and to be completed within one month from the date of receipt of the application for renewal.

(3) The applicant will be provided with a written report within thirty days of the last day of the visit that sets out the findings, including any areas where improvements are suggested or required.

(4) Where the Certification Evaluation Panel (CEP) determines that the service provider has met the requirements for certification, the Certification Evaluation Panel (CEP) leader will make a recommendation to Chief Commissioner/CEO of the CARC regarding the issuance of a certificate.

(5) Upon the acceptance of the finding of the Certification Evaluation Panel (CEP) the Civil aviation Regulatory Commission will issue a full air ambulance service certificate with a term of the three years from the expiry date of the previous certificate.

(d) Renewal of Certificates:

The air ambulance service is responsible for the initiation for the renewal of certificate other than the initial certificate, and as such the provider:

- (1) Shall submit a provided application form for renewal sixty days prior to the expiration date of the current certificate.
- (2) The air ambulance review site visit will be completed by the Certification Evaluation Panel (CEP) to determine the provider's compliance with the regulations and standards.
- (3) The provider of the service will be provided with a written report of the findings within thirty days of the last day of the site visit and the report will include any areas or activities of the service where improvements are suggested or required in order to comply with the rules and standards.
- (4) The provider will rectify all required findings within thirty days of notification,
- (5) Where the Certification Evaluation Panel (CEP) determines that the service provider has met the requirement for certification, the Certification Evaluation Panel (CEP) leader will make a recommendation to the Chief Commissioner of the CARC regarding the findings of the Certification Evaluation Panel (CEP) Panel
- (6) Upon the Chief Commissioner's approval of the air ambulance service, the certificate holder will be reissued with a new certificate with a term of three years starting from the expiry date of the last certificate.

**Subpart - C  
Medical Requirements**

**138.21 Applicability.**

This subpart applies to Aeromedical crewmembers who are responsible for patient care on an air ambulance.

**138.23 Level of Medical Care.****(a) Basic life support (BLS):**

Refers to the air-medical provider offering airborne patients transport staffed by a minimum of one medical person who is experienced and qualified by training, certification, and current competency in BLS care.

This medical person practices through the orders of a physician medical director and is supported by a medically configured aircraft capable of providing BLS system (such as oxygen, suction, electrical supply, lighting, and climate control) to the person capable of recognizing respiratory and cardiac arrest, starting and maintaining the proper medical procedures, or until ALS is available. In air medical transports, BLS includes air –to-ground communications to ensure continuity of care.

**(b) Advanced life support(ALS):**

Refers to the air-medical provider offering airborne patients transport staffed by a minimum of two medical personnel who are experienced and qualified by training, certification, and current competency in emergency critical care. The medical personnel practice through the orders of a physician-medical director and are supported by a medically configured aircraft capable of providing life support system (such as oxygen, suction, electrical supply, lighting, climate control, pressurization, etc.) to the patient. The following elements are recommended for ALS course experience:

- (1) BLS.
- (2) Using adjunctive equipment and special techniques, such as endotracheal intubation and closed chest cardiac compression.
- (3) Cardiac monitoring for dysrhythmia recognition and treatment.
- (4) Defibrillation.
- (5) Establishing and maintaining an intravenous infusion lifeline.

(6) Employing definitive therapy, including drug administration.

(7) Stabilization of patient's condition.

(8) ALS includes air-to-ground communications to ensure continuity of care, and the capability of constant patient has been delivered to a continuing care facility.

### **138.25 Medical Personnel.**

A person trained in air medical environment and assigned to perform medical duties during flight including , but not limited to, doctors, nurses, paramedics, respiratory therapists or emergency medical technicians. Medical personnel may also be trained and assigned to perform other duties by the certificate holder.

Also the Medical Personnel assigned duty during flight should be instructed in the use of aviation terminology.

(a) Aeromedical Director:

A licensed physician within an air ambulance service who is ultimately responsible for patient care during patient transport missions. The aeromedical director is responsible for assuring that appropriate medical personnel and equipment are provided for each patient.

(b) Basic life Support Medical Officer:

A licensed physician who is trained and hold valid BLS certificate or equivalent medical course approved by the Ministry of Health.

(c) Advanced life support Medical officer:

A licensed physician who is trained and hold ALS certificate or equivalent course approved by the Ministry of Health.

(d) Registered Nurse:

A registered licensed Nurse who completes a basic Flight Attendant a medical course or equivalent emergency course approved by Ministry of Health.

(e) Paramedic:

A registered licensed Nurse who successfully completed an approved by ministry of health advanced medical training course that includes for normal

course work , practical instruction clinical & field experience and who is certified to perform those skills in the Emergency Room .

(f) Emergency Medical Technician:

A licensed Medical Technician who may perform Basic life support services or those services equivalent to level of certification.

### **138.27 Medical Personnel Requirements.**

(a) To Serve as an Aeromedical Director a person must:

(1) Hold valid and none limited physician license issued by ministry of health.

(2) Hold a diploma in Aviation Medicine.

(3) Have at least five years work experience in Aeromedical Evacuation.

(4) Know the Medical Standard and Regulation in Civil Aviation Regulatory Commission (JCAR) and other Authorities' Regulation like European.(JAR – FCL 3)ICAO (Annex1) and Federal Aviation Administration (FAA – Part 67) .

(b) To Serve as a Basic Life Support Medical Officer a person must:

(1) Hold valid and none limited physician license issued by the Ministry of Health.

(2) Hold valid BLS certificate or equivalent medical course approved by the Ministry of Health.

(3) Complete three years of work experience in the same field and Aeromedical Evacuation.

(4) Hold valid Third Class Medical certificate issued under Part 67 of JCAR.

(c) To Serve as an advanced life support Medical officer a person must:

(1) Hold valid and none limited physician license issued by the Ministry of Health.



(2) Hold valid ALS certificate or equivalent course approved by the Ministry of Health.

(3) Complete three years of work experience in the same field and Aeromedical Evacuation.

(4) Hold valid Third Class medical certificate issued under Part 67 of JCAR.

(d) To Serve as a Registered Nurse a person must:

(1) Hold valid and none limited professional license issued by the Ministry of Health.

(2) Complete five years of work experience in the same field.

(3) Hold valid Third Class medical certificate issued under Part 67 of JCAR.

(e) To serve as a Paramedic a person must:

(1) Hold a valid & none limited professional license issued by the Ministry of Health.

(2) Complete three years work experience in the same field.

(3) Hold valid Third Class medical certificate issued under Part 67 of JCAR.

(f) To Serve as an Emergency Medical Technician:

(1) Hold a valid and none limited Professional license issued by the Ministry of Health.

(2) Complete three years of work experience in the same field.

(3) Hold valid Third Class medical certificate issued under Part 67 of JCAR.

(g) A certificate holder may request a deviation to employ a person who does not meet the appropriate airman experience managerial experience or supervisory experience requirements of this section if the Chief

Commissioner/CEO finds that the person has comparable experience, and can effectively perform the functions associated with the position in accordance with the requirements of JCAR and the procedures outlined in the certificate holder's manual.

**138.29 Medical Personnel Training.**

All physicians, nurses and respiratory therapists should have extensive experience in critical care medicine. The doctors and nurses should be certified in Advanced Cardiac Life Support, and be further trained in aviation physiology. Paragraphs (a), (b) and (c) of this section describe the minimum required training areas with respect to BLS, ALS and other required training:

**(a) Basic Life Support Training:**

- (1) Airway maintenance and ventilatory support.
- (2) Obtaining and monitoring vital signs.
- (3) Cardiopulmonary resuscitation (CPR).
- (4) Defibrillation with an Automated External Defibrillator (AED).
- (5) Performing scene assessment, Patient assessment and triage.
- (6) Bleeding control, wound care, and treatment for shock.
- (7) Fracture immobilization.
- (8) Management of medical and behavioral emergencies.
- (9) Gaining access to patients and extricate for treatment and transport.
- (10) Use of emergency medical services communication equipment.
- (11) Provide verbal patient reports and run documentation to the care facility as required.
- (12) Additional procedures and skills as recommended by the Certification Evaluation Panel (CEP) and approved by the Aviation Medicine Department.

**(b) Advanced Life Support Training:**

- (1) Administration of approved intravenous fluids.
- (2) Airway maintenance and ventilatory support including endotracheal intubation, nasotracheal intubation, cricothyroidotomy, and needle thoracostomy.
- (3) Administration of approved drugs.
- (4) Electrocardiogram monitoring and interpretation.
- (5) Defibrillation and synchronized cardio version.
- (6) Oralgastric and nasogastric insertion, lavage and suction.
- (7) Additional procedures and skills as recommended by the by the Certification Evaluation Panel (CEP) and approved by the Aviation Medicine Department.

**(c) Other Required Training:**

- (1) Medical personnel should also be trained to properly use, remove, and replace medical equipment installed on the aircraft.
- (2) Medical personnel should be trained in physiological aspects of flight prior to being assigned duty during flight.
- (3) Medical personnel should also be trained in aircraft evacuation and patient loading and unloading.
- (4) The training program should consider the particular aircraft being used, and its safety features. A practice evacuation using emergency exits should be accomplished.
- (5) Medical Personnel should use aviation terminology to avoid confusion or misunderstandings of instructions from the flightcrew during the Air Mission.

**138.31 Medical Equipment.**

Sections 138.33 and 138.35 describes the Applicable Medical equipment should be installed in the air craft. The applicant should identify in their initial application, any specialized equipment that may be used in the Air

Medical Operation. The equipment should be installed in the Aircraft in an acceptable method using data approved by the air craft manufacturer or medical equipment manufacturer or by the Chief Commissioner of the CARC:

- (a) The Equipment must be periodically tested, inspected & certified by Approved Medical Equipment Agent.
- (b) A check list of medical equipments should be filled before any mission and records should be kept for periodical check by CARC personnel .

### **138.33 Basic Equipment.**

Prior to any medical airmission the basic medical equipment must include the following:

- (a) Portable Ventilator with rechargeable Battery.
- (b) Pulse oximeter.
- (c) Portable Cardiac Monitor.
- (d) Defibrillator with rechargeable Battery, Electro Cardio Graph (ECG), Leads, Pediatric and Adults Paddles.
- (e) Suction unit.
- (f) Blood pressure devise, Doppler Monitor.
- (g) Installed oxygen System Source mounted in the patient Case area: Fully inspected & maintained.
- (h) Three Oxygen Cylinders bottles.
- (i) External Battery.
- (j) Intravenous Pump.
- (k) Different sizes of Endo Tracheal tubes.
- (l) Different sizes of laryngoscope.
- (m) All the Emergency & life saving drugs.

(n) Any other equipment that be needed for specific Medical case that should be approved by the Medical Director & the Medical Engineer.

### **138.35 Additional Medical Equipment.**

The following additional items of equipment are recommended for Emergency Air Missions:

(a) Medical oxygen system:

A medical oxygen system including bottles, lines, gauges, regulators, and other system components which has been installed by approved data on an aircraft becomes an "appliance." An Oxygen bottle installed in the cabin area having its own regulator, hose, and mask feeding directory to the patient may be removed and serviced by any person trained by the certificate holder. If servicing is accomplished by removing and replacing bottles or by disconnecting lines, regardless of the type fitting, it must be accomplished by an appropriately certified mechanic or repairman.

(b) Motor-driven Vacuum/Air pumps:

Motors and /or pumps must be installed in accordance with applicable JCAR parts. Any motor-driven device should be installed in a way to preclude contact with any flammable fluid, gas, or foreign materials that may cause heat buildup and possibly fire.

(c) Incubators:

Incubators, balloon pumps, or other large carry-on medical equipment must be restrained in an appropriate manner to the following ultimate load factors:

(1) 3.0 g upward, 6.6 g downward, and

(2) 9.0 g forward, 1.5 g sideward

(d) If pull test data are not provided by the equipment manufacturer to verify that specific equipment can withstand the above loads, the certificate holder must demonstrate the above loads on each specific piece of equipment , or use an approved restraining device . Aircraft cargo straps or safety belts provide a satisfactory restraint in many instances. Also, mechanical (metallic) fasteners may be used for attachment.

(e)The incubator lid latches should withstand appropriate loads (approximately( 6 kg) 15 pounds and any significant lid load).

The operator should ensure the unit has minimum movement when secured if straps or belts are used. If the incubator includes features requiring electrical power, operation should be evaluated to assure there is no interference with the instruments and equipment that are required by the JCAR airworthiness certificate for safe operation of the aircraft. The operator should provide padding for the infant for forward loads.

(f) Stretchers (litters):

Stretchers must be in compliance with JCAR section 23.785 of part 23 with restraint devices meeting JCAR section 23.561 of part 23 Restraining devices, including shoulder harnesses, must be available to ensure patient safety.

(g) Any other equipment recommended or required by medical Director according to the medical case should be in written order to the Chief Commissioner/CEO for Approval.

**138.36 – 138.40 Reserved.**

**Subpart- D**  
**Aircraft Requirements and Certification**

**138.41 General.**

No certified air ambulance service operator may use an aircraft in the form of air ambulance unless the aircraft is certified in accordance with the requirements of this part.

**138.43 Eligibility.**

To be eligible for an air ambulance aircraft operations:

- (a) The applicant shall have a current and valid air ambulance service certificates
- (b) The Aircraft shall be registered in accordance with part 47 and hold current Certificate of Registration (C of R).
- (c) The aircraft should meet the requirements of standard Certificate of Airworthiness (C of A), as prescribed in part 21 Subpart H.
- (d) The aircraft should meet the additional special requirements of section 138.45 of this part.
- (e) The aircraft is certified under JCAR part 135 and the operator hold a current Air Operating Certificate.

**138.45 Special Additional Requirements.**

The operator of a fixed –wing or rotor-wing aircraft under part 135 who desires to operate air ambulance service is required to have additional equipment installed in the Aircraft in an acceptable manner and approved by the CARC, and shall:

- (a) Have an entry that allows patient loading and unloading without tilting the patient greater than (30) thirty degrees from the horizontal axis.
- (b) Having a heating system that maintains temperature of not less than 18°C in the patient compartment during patient transport in winter weather conditions or demonstrate a procedure to maintain patient temperature, to prevent hypothermia.

- (c) Have air conditioning systems that shall maintain a temperature of not more than 29°C in summer to prevent hypothermia.
- (d) Utilize an alternate aircraft or alternate mode of transportation, if the environment within the aircraft is such that it would be detrimental to the staff's physical welfare or the patient conditions until those conditions are alleviated.
- (e) Be configured in such a way that air medical personnel shall have access to the patient in order to begin and maintain both basic and advanced life support.
- (f) Have interior lighting adequate, to ensure complete observation of the patient, and without interfering with the pilots vision.
- (g) Have a procedure to limit light in the cockpit during night operation.
- (h) Have an electric inverter with two outlets to convert Direct Current (DC) to Alternative Current (AC) for operations of specialized equipment.
- (i) Have equipment , stretcher or litter which:
  - (1) Has capability to raise the head of the patient
  - (2) Has appropriate device to secure patient to the stretcher.
  - (3) The upper surface of the litter must be at least 75 cm from the ceiling of the aircraft, or off the under surface of another litter.
  - (4) The stretcher or litter must be at least 50 cm wide and 170 cm long.
- (j) Radio equipment used in Emergency Medical Service (EMS) aircraft shall be appropriately licensed, copies of the current communication licenses to be kept in the providers offices.
  - (1) Aircraft shall be equipped with two ways radio communication equipment capable under normal conditions, of contacting dispatch centers and hospitals.



- (2) Aircraft shall have air-to-air, air-to-ground and ground-to-air communication capabilities and shall be to properly coordinate the landing and primary medical responders on the ground who may be caring for the patient, and.
- (3) Aircraft shall have a minimum of two portable communication devices capable of operating on the provider frequency that shall be provided for personnel when away from the aircraft.
- (4) An intercom system should be provided for flight crew members and medical personnel to communicate with each other during the flight.
- (5) Medical oxygen system, either portable or fixed, which is approved by the CARC Aviation Medicine Department , and CARC Director Flight Safety.
- (6) Before returning the aircraft to service, after the installation of additional equipment, flight test must be accomplished to determine if there is radio frequency/ electromagnetic interference Radio Frequency Interference/Electro Magnetic Interference (EMI/RFI) with any navigation, communication, or flight control system, the flight test should be accomplished in visual meteorological conditions(VMC).
- (7) Each aircraft and its equipment shall be checked after each use to ensure that it is in a clean and sanitary condition.

**138.47 – 138.50 Reserved.**

**Subpart- E  
Facilitation Requirements****138.51 Facility Requirements.**

The applicant shall identify the base and location of the proposed air ambulance service. It should include the premises of the service provider offices suitably situated, and comprises:

- (a) Versatile public communication system.
- (b) Ground ambulance as applicable.
- (c) Medical Equipment Storage.

**183.53 Intercommunication.**

A communications system between the base operation, the air ambulance and hospitals shall be developed, coordinated and maintained by each ambulance provider, the communication system shall meet the following requirements:

- (a) Radio equipment used in emergency medical services, shall be appropriately licensed and kept in the provider's offices.
- (b) Operation base shall be equipped with two ways radio communication equipment capable under normal conditions, of contacting dispatch centers and hospitals.
- (c) Operation base shall have air-to-air, air-to-ground and ground-to-air communication capabilities and shall be to properly coordinate the landing and primary medical responders on the ground who may be caring for the patient, and.
- (d) The operator shall provide a minimum of two portable communication devices capable of operating on the provider frequency for personnel when away from the aircraft.

**138.55 Aircraft spacing.**

All air ambulance service providers should have available a hanger spacing for:

- (a) Housing the aircraft when not in use.

(b) Keeping the maintenance recording requirement, and

(c) All records regarding operational aspects of the aircraft including but not limited to:

(1) Crewmembers flight time and rest records, and

(2) Records of the proficiency and training records.

**138.57-138-60 Reserved.**

**Subpart-F**  
**Operations Requirements and Agreements**

**138.61 Operations Requirements.**

The air ambulance service provider shall administrator the following operational requirements along with the additional requirements in the provider's operations specifications:

(a) All air ambulance providers shall provide service 24 hours a day, (7) days a week; these provisions may be met through a call system or through mutual agreements.

(b) A provider shall have a written plan to assure all requests for services are promptly answered.

(c) Request for emergency service shall be dispatched within (2) minutes of the call taker determining the correct address location of the emergency incident site and completion of a weather check.

(d) Any provider that determines it is unable to have an aircraft responding within (10) minutes from the initial time and emergency call received from the dispatch center shall notify the requesting agency of the inability to respond within (10) minutes time frame and advice the caller of the time frame in which the aircraft would be available to respond. The requesting agency shall resume responsibility for making the decision to wait for the aircraft or to contact another air ambulance provider.

(e) Air ambulance providers shall comply with JCARs specifications for flight following and position plotting by a provider centre and shall be equipped with communication equipment and staffed by a properly trained Air Medical Communication Staff (ACS) to receive and coordinate all calls as provided for by JCARs, if providing fixed-wing service this requirement may be met by filling and ATC flight plan.

(f) An air ambulance provider shall comply with JCAR 135 and:

(1) Maintain a preventive maintenance programme.

(2) Maintain records of maintenance schedules and inspection of the aircraft.

(3) Maintain required calibration and maintenance records of medical equipment maintained on the aircraft.

(g) An air ambulance provider shall manage and dispose the medical remnants as prescribed in the Ministry of Health Regulations No. 1/2001 and its amendments.

(h) A certified provider should use a replacement aircraft on a temporary basis if an approved aircraft is out of service, the temporary replacement aircraft must meet the requirements of this part and the pertinent JCARs. In this case the provider must notify the Chief Commissioner /CEO in writing at least 24 hours before.

(i) Air ambulance provider shall comply with part 135 operation of aircraft and:

(1) Not transport more patients, personnel, and other persons than can be safely secured by means of seatbelts or similar devices in the aircraft during flight .

(2) Have fixed-wing aircraft pressurized if flight is more than 6000 mean sea level.

### **138.63 Agreements Requirements.**

A certified service provider entering mutual agreement with other licensed air ambulance service the agreement shall address:

(a) The type of mutual aid assistance to be provided.

(b) Response, personnel, including levels of training or education and provisions for joint service training or education if appropriate.

(c) Response aircraft including unit identifier and station or location from which the aircraft shall operate.

(d) A plan of action for the mutual aid agreement including dispatch and notification procedures.

(e) Radio and other communication procedures between the air ambulance providers and with whom the provider has mutual aid agreements.

- (f) On-scene coordination and scene control including medical direction if several agencies respond to same incident.
- (g) Exchange of patient information, responds and reports as allowed by law.
- (h) The effective dates and process of amendment or termination, and
- (i) Provider frequency for personnel when away from the aircraft.

**138.65 –138.70 Reserved.**

**Subpart-G  
Training****138.71 General.**

This subpart outlines training requirements for all Emergency Medical Service (EMS) personnel including flight crewmembers and medical personnel.

**138.73 Flight Crewmember.**

Because of circumstances in which Emergency Medical Service (EMS) work is accomplished, aircraft may be frequently assigned to fly in less than ideal weather conditions; i.e., night, low ceiling and/ or low visibility, and into remote areas. The pilot of rotor wing and fixed wing air ambulance aircraft must have special requirements in addition to the requirement of JCARs Part 61, and the provider approved training manual.

**(a) Rotor wing pilots:**

The rotor- wing pilot in command (P/C) shall possess commercial rotor craft certificate and a minimum of 1500 rotor craft flight hours as PIC, and shall:

- (1) Be trained and educated in Accordance with JCARs part 135 and 138 air ambulance operations specifications.
- (2) Have a minimum of 25 hours as PIC in the specific aircraft type prior to performing emergency medical services mission.
- (3) Have 25 hours local area orientation which shall include mission specific night orientation of at of at least 2 hours flight time and
- (4) Be specifically trained and experienced in day and night flying the terrain and conditions unique to the flight program..

**(b) Fixed-wing aircraft pilots:**

The fixed –wing pilot shall posses airline transport licence (ATPL) and:

- (1) Be trained in accordance with operators JCAR 135&138 operations specifications and

(2) Have 500 hours as PIC in the specific fixed-wing aircraft type prior to performing emergency medical services missions.

(c) All pilots should undergo regular recurrent training to ensure they will be familiar with all instrument flight procedures authorized on the operator's operations specifications. In addition, be proficient in non-precision approach procedures.

(d) A training programme should be prepared that will address the possibility of a forced landing in a remote area and procedures relevant to the evacuation of patient in extreme conditions related to forced or precautionary landing.

(e) Training should also address procedures to be followed in the event of a fire or smoke in the cabin while either airborne or on the ground and meet the needs of the patient during and after evacuation.

(f) Cockpit Resource Management (CRM) basic course, and then recurrent course.

(g) Dangerous Goods Course.

### **138.75 Medical Personnel.**

Refer to Subpart – C (JCAR Part 138.29)

### **138.77 Ground Crew and Other Ground Personnel.**

Emergency Medical Services operation call for special training requirements, i.e., ground crew and personnel other than crewmembers, should address at least the following:

(a) Air Medical Communication Staff (AMCS), shall have documented training appropriate to the mission of the provider that shall as a minimum addresses the following:

- (1) JCARs pertinent to Air Ambulance operations.
- (2) Air Medical Radio Communications.
- (3) Medical Terminology.
- (4) Flight utilization and coordination.
- (5) Navigation and weather interpretation.



- (6) Flight following, and
  - (7) Emergency procedures.
- (b) Loading and unloading of aircraft.
  - (c) Positioning and parking the aircraft, and directing ambulance & ground equipment.
  - (d) Coordination with local authorities ( fire brigade, immigration...etc).
  - (e) Coordination between maintenance crew and medical crew regarding the correct procedures to follow when using fixed oxygen equipment.
  - (f) Supplemental training programme on servicing and maintenance of on board medical equipment.
  - (g) Maintenance Resource Management (MRM), Dispatch Resource Management (DRM) and Air Medical Resource Management(AMRM) courses.

**138.79 Aircraft Evacuation.**

The Training programme should consider a Practical Evacuation Exercise for all personnel using emergency exits.

**138.81 Maintenance Personnel.**

- (a) Maintenance personnel should receive all the training required under Part 135.
- (b) Maintenance personnel should perform their inspection before the loading or after the unloading of the patient.
- (c) Although the aircraft may appear clean and sanitary, the maintenance personnel should be aware that there may be contaminants aboard. The maintenance personnel should exercise good judgment and use caution to prevent the possibility of contracting and infectious disease.

**-End-**

**Appendix-A**

**Application For Air Ambulance Service License  
Form 138-1 Initial**



**THE HASHEMITE KINGDOM OF JORDAN**

**CIVIL AVIATION REGULATORY COMMISSION**

**APPLICATION FOR AIR AMBULANCE SERVICE LICENSE INITIAL**

Fixed Wing

Rotorcraft

**I. AIR AMBULANCE SERVICE INFORMATION**

Name of Applicant/Owner:		
Tel. No. ☎	Fax No.	E. mail
List Each Business Name to be Used for the Air Ambulance Service:		
List Each Physical Address to be Used for the Air Ambulance Service:		
<b>Applicant type of Business Organization(Select one)</b>		
<input type="checkbox"/> Private	<input type="checkbox"/> Governmental	
<b>List of Officer's and Board Members or Turstees: (Attach separate sheet if needed)</b>		
Name	Title	Address
Name	Title	Address
Name	Title	Address
<b>Primary Contact for information Regarding Application:</b>		
<b>Name :</b>	<b>Address:</b>	<b>Tel. No. :</b>

**II. AIR AMBULANCE SERVICE OPERATIONS**

<b>Scope Missions to be provided</b> (Check all that apply)	
<input type="checkbox"/> Basic Life Support Missions <input type="checkbox"/> Advance Life Support Missions  <input type="checkbox"/> Critical Care Missions	<input type="checkbox"/> Emergency Medical Services Transports  <input type="checkbox"/> Interfacility Transports  <input type="checkbox"/> Other

**Identify the region to be served:**

**Intended Hours of Operations**(Days of the week and Hours per Day):

**III. PHYSICIAN TO SERVE AS MEDICAL DIRECTOR**

<b>Name:</b>	<b>License Number:</b>
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**IV ATTACHEMENTS(Attach the following)**

**EEVRY APPLICATION**

**The intended schedule of rates for the air ambulance services**

**A copy of the following issued by the Civil Aviation Regulatory Commission**

**A current and valid Air carrier certificate authorizing Authorizing common carriage under JCAR –Part 135**

**A current and valid operation specifications authorizing Aeromedical operations**

**A current and valid certificate of Registration for each air ambulance to be operated.**

**A current and valid air worthiness certificate for each air ambulance to be operated**

**A certificate of insurance establishing that the Applicant has current and valid liability insurance coverage for air ambulance service as required.**

**V. ATTESTATION**

**On behalf of the Applicant , I attest that the applicant knows all applicable requirements in Part 138 of JCAR and that the information provided in this application , including the information in the documents accompanying this application form, is accurate and complete.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (Printed)**

\_\_\_\_\_  
**Title**

Form138-2 Renewal



**THE HASHEMITE KINGDOM OF JORDAN**

**CIVIL AVIATION REGULATORY COMMISSION**

**APPLICATION FOR AIR AMBULANCE SERVICE LICENSE RENEWAL**

Fixed Wing

Rotorcraft

**I. AIR AMBULANCE SERVICE INFORMATION**

Name of Applicant/Owner:		
Tel. No. ☎	Fax No.	E. mail
Service Provider Business Names:		
AOC Particulars:		
<b>List of Officer's and Board Members or Turstees: (Attach separate sheet if needed)</b>		
Name	Title	Address
Name	Title	Address
Name	Title	Address
<b>Primary Contact for information Regarding Application:</b>		
<b>Name :</b>	<b>Address:</b>	<b>Tel. No. :</b>

**II. AIR AMBULANCE SERVICE OPERATIONS**

<b>Scope Missions to be provided :</b>
<b>Identify the region to be served:</b>
<b>Intended Hours of Operations</b> (Days of the week and Hours per Day):

**III. PHYSICIAN TO SERVE AS MEDICAL DIRECTOR**

<b>Name:</b>	<b>License Number:</b>
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**IV ATTACHEMENTS(Attach the following)**

<b>EEVRY APPLICATION</b>
<input type="checkbox"/> No. of schedule of rates for the air ambulance services during previous 12 months :
<b>A copy of the following issued by the Civil Aviation Regulatory Commission</b>
<input type="checkbox"/> A current and valid Air operator certificate authorizing common carriage under JCAR –Part 135

A current and valid operation specifications authorizing Aeromedical operations

A current and valid certificate of Registration for each air ambulance to be operated.

A current and valid air worthiness certificate for each air ambulance to be operated

A certificate of insurance establishing that the Applicant has current and valid liability insurance coverage for air ambulance service as required.

**V. ATTESTATION**

On behalf of the Applicant , I attest that the applicant knows all applicable requirements in Part 138 of JCAR and that the information provided in this application , including the information in the documents accompanying this application form, is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title