



Louisa County Department of Fire & EMS

Ride Along Program Guidelines

Purpose:

This program/procedure specifies the conditions under which persons, including minors, may participate in the Department's ride-along program and how approval is granted for the ride-along trips.

What You Should Receive From LCDFEMS

As a medical professional, non-medical professional or general person of interest, you should be able to receive the highest available level of education possible. In riding with LCDFEMS you should receive respect from all of our team members, skills and trade facts to help advance you personally and professionally and, possibly the opportunity to actively participate in ambulance operations under direct supervision.

What LCDFEMS Expects Of You

LCDFEMS takes great pride in providing the highest level of pre-hospital care that we can deliver to the citizens of Louisa County. With that we ask that you adhere to all of the guidelines and procedures in this packet. Every ride-along will be held personally accountable for the following:

- Following all guidelines set forth in this packet.
- Treating each patient/customer with dignity, respect and the highest level of professionalism.
- Treating each patient with the highest level of care possible.
- Work within your STUDENT/OBSEVER scope of practice as defined by your educational/institutional status.

Procedure:

Applicants for participation in the Department's ride-along program shall comply with of the requirements of this procedure before participation in the program.

Minimum Age Requirements: Minor's shall be a minimum of 16 years of age to ride in vehicles under emergency conditions. Persons under the age of 18 must have a signed parental/guardian release form. Persons 18 or over must sign an adult release form.

Clothing Requirement: Clothing shall be neat, clean and uniform – like in appearance.

- White, Navy blue or black polo shirt. School/institution logos and Louisa County Volunteer logos will be accepted.
- White, navy blue or black tee shirt may be worn under the polo.
- Long sleeve polo shirts are permitted.
- Pants will be black, navy blue or tan. Pants will be worn in a professional uniform type manner. Shorts are not permitted.
- Shoes may be black or dark brown. Open toe, open heel or high heel shoes are not permitted.
- A black, navy blue or County Volunteer jacket may be worn.
- Hats of any nature shall conform to the aforementioned requirements. Hair must be neat in appearance at all times.

Approval Process: Requests for permission for persons to participate in the ride-along program may be made by completing the "Request for Ride-Along Participation" form. Parental or Guardian approval is required for processing requests from minors. Requests shall be approved by the Assistant Chief of Operations using the appropriate attached release form prior to the ride-along occurring. All persons

participating in the ride-along program shall complete the required Privacy Training prior to the ride-along being approved. A form shall be signed for every ride-along.

Incident Scene Access: Ride-along participants are prohibited from entering areas where they may be exposed to hazardous conditions that require the use of protective equipment, or in the case of minors, to visualize scenes which could be traumatic or emotionally difficult for the child to deal with. The person designated responsible for the ride-along participant must monitor on-scene conditions and keep the ride-along participant away from those areas. Minor ride-along participants are not to be left unattended at any time.

Ride-along participants are not allowed to participate in on-scene emergency activities in any way. They may participate in returning the apparatus and equipment to service and other non-emergency activities as long as this process does not involve exposure to harmful circumstances or materials, or require the use of protective equipment other than utility gloves and a traffic vest.

Accountability and responsibility of the activities of each ride-along participant shall be assigned to a specific fire and rescue member during each ride-along period. That person is responsible to assure the participant remains in a safe area at all times and to explain the processes and events that the participant observes. The ride-along participants are not allowed to leave the immediate vicinity of the vehicle they arrive at the incident in without the express permission and accompaniment of their supervisor and must wear the traffic safety vest when in required areas, and does not participate in on-scene emergency activities

Students from other EMS agencies and EMS programs (BLS and/or ALS) may schedule class-skill clinical and precepting shifts as ride-along participants. All scheduling of this type is handled through the Assistant Chief of Operations. Students will be required to follow the program and Department policies, protocols, and standard operating guidelines. Official endorsement of the sponsoring EMS program or agency will be required prior to approval.

Privacy and HIPAA Training:

Individuals desiring to participate in the ride-along program shall undergo training in accordance with the Department's policy on protected health information and HIPAA. This training shall be accomplished **prior** to approval being granted for the participation in the ride-along program. This training will be conducted by the department's designated HIPAA Compliance officer or his/her designee. Training topics will include:

- Overview of the federal and state laws concerning patient privacy including the Privacy regulations
- contained in the Health Insurance Portability and Accountability Act of 1996.
- Description of protected health information.
- Patient rights under the HIPAA Privacy Rule
- Your responsibility under the Privacy rule.
- Role of the HIPAA Compliance Officer and reporting concerns regarding privacy issues.
- Importance and benefits of compliance
- Consequences of failure to follow established privacy policies

Exposure Control

Louisa County Department of Fire & EMS recognizes that many of its job responsibilities may place individuals at risk for direct contact with blood and other potentially infectious materials. It is the goal of the Department to reduce exposure in its member population and thus reduce the incidence of occupational health risks. It is also the goal of the Department to ensure that the patients served are offered protection from infection. LCDFEMS Exposure Control Plan addresses blood-borne pathogens and tuberculosis. Ride-along individuals will be offered a mini-training regarding the possible risk for exposure to blood-borne or airborne diseases and will be asked to sign the Informed Consent form. If an exposure occurs, the individual will **be advised as to the need for post-exposure medical follow-up, but it will be at his/her own expense.**



Ride Along Request Form

PLEASE PRINT OR TYPE

Name: _____ Birth Date: _____
Last First MI

Address: _____
Street/Box

City, State, Zip: _____
City State Zip

Age: _____ If under 18 must have permission for a parent or guardian submitted in writing along with this form.

Home Phone: _____ Alt. Phone: _____

Emergency Contact: _____ Phone Number: _____

Reason for Ride-Along: _____

Type of unit requested: _____ Specific Date Requested: _____

Ride-along participation is limited to one trip per approved form unless a part of a special program. Granting of permission is contingent upon the review of this request by the Assist Chief of Operations. No ride-Along participants are allowed to operate on the roadway, street, or highway, and are to remain inside the apparatus when on the scene of a roadway incident.

Approved _____ Assistant Chief of Operations _____ Date _____

Denied _____

Adult Release For Ride-Along

WHEREAS, I the undersigned, have requested the Louisa County Department of Fire & EMS {hereinafter called the "Department"} for my own personal benefit, grant me permission to ride in emergency response vehicles and attend emergency incidents that may be responded to, and the said Department has indicated that it is willing to grant my request providing that I execute in writing this instrument releasing said Department and the Government of Louisa County and its or their elected or appointed officials, officers, agents or employees from and against any and all suits or claims for losses, damages, expenses, property damage, personal injuries or death which might be suffered or sustained by me directly or indirectly as a result of riding in an emergency response vehicle or attending emergency incidents that may be responded to.

NOW, THEREFORE, BE IT KNOWN THAT I, the undersigned, am over the age of eighteen {18} years and for and in consideration of the permission granted by the Department to me to ride in emergency vehicles and attend emergency incidents that may be responded to during the hours in which said vehicles are in service, but only for the period specified by Department, do hereby assume any and all risks and liability for damages, losses, expenses, property damage, personal injuries, or death which might be suffered or sustained, while in a motor vehicle, while in attendance at emergency incidents that may be responded to, in any building, or on any property or premises owned or operated by the Department or the Government of Louisa County, and do hereby, for myself, my heirs, executors, of administrators, or other persons claiming under or through me, hereby release and forever quit claim and discharge the Department, the Government of Louisa County and its or their officers agents or employees, from any claim that I, my heirs, executors, of administrators, or other persons claiming under or through me, have, or can or might have, as a result of any losses, damages, expenses, property damage, personal injuries, or death which I or any persons whatsoever claiming under or through me, may suffer or sustain while exercising permission, in any motor vehicle, while in attendance at emergency incidents that may be responded to, in any building, or on any property or premises operated by the Department or the Government of Louisa County, whether losses, damages, expenses, property damage, personal injuries or death result from the negligence of the Department or the Government of Louisa County, it's or their officers, agents and employees, or are otherwise caused.

Informed Consent - Ride-Along Program

- I have received training and understand the Department's HIPAA Privacy Policy.
- I understand that there is a potential risk for exposure to blood borne pathogens or other potentially infectious materials when participating in an observation program in the fire-rescue work environment.
- I have been offered an opportunity to ask questions about the diseases and the risk for exposure and to have those questions answered.

- Should I become exposed to blood or other potentially infectious materials, I will be advised by the Fire-Rescue service to seek medical attention at the location specified in the Department's Exposure Control Plan. I understand that the Department is NOT responsible for the costs associated with post-exposure medical treatment and/or counseling.

Signature of Ride-Along Participant

Date

Minor Release for Ride-Along

WHEREAS, I/WE, the undersigned parent(s)/legal guardian(s) of {hereinafter called the "minor"} have requested that the Louisa County Department of Fire & EMS {hereinafter called the "Department"} for the minor's own personal benefit, grant the minor permission to ride in emergency response vehicles and attend emergency incidents that may require response.

NOW, THEREFORE, BE IT KNOWN THAT I/WE, the undersigned, am/are the parent(s)/guardian(s) of the minor, who is under the age of eighteen (18) years, and for and in consideration of the permission granted by the Department to the minor to ride in emergency vehicles and attend emergency incidents that may be responded to during the hours in which said vehicles are in service, but only for the period specified by the Department, do hereby assume any and all risks and liability for damages, losses, expenses, property damage, personal injuries, or death which I/we and the minor might suffer or sustain, while in a motor vehicle, while in attendance at emergency incidents that may be responded to, in any building, or on any property or premises owned or operated by the Department, and do hereby, for myself/ourselves and minor, our heirs, executors and administrators, or other persons claiming under or through me/us and minor, hereby release and forever quit-claim and discharge the Department and the Government of Louisa County, and its or their elected and appointed officials, officers, agents or employees, from any claim that I/we and minor, our heirs, executors, of administrators, or other persons claiming under or through me/us and minor, have, or can or might have, as a result of any losses, damages, expenses, property damage, personal injuries, or death which I/we and minor, or any persons who so ever claiming under or through minor and me/us, may suffer or sustain while exercising permission, in any motor vehicle, while in attendance at emergency incidents that may be responded to, in any building, or on any property or premises operated by the Department, whether losses, damages, expenses, property damage, personal injuries or death result from the negligence of the Department, or the Government of Louisa County, its or their elected and appointed

Informed Consent - Ride-Along Program

- I have received training and understand the Department's HIPAA Privacy Policy.
- I understand that there is a potential risk for exposure to blood borne pathogens or or other potentially infectious materials when participating in an observation program in the fire-rescue work environment.
- I have been offered an opportunity to ask questions about the diseases and the risk for exposure and to have those questions answered.
- Should I become exposed to blood or other potentially infectious materials, I will be advised by the Fire-Rescue service to seek medical attention at the location specified in the Department's Exposure Control Plan. I understand that the Department is NOT responsible for the costs associated with post-exposure medical treatment and/or counseling.

Signature of Ride-Along Participant

Date

TO BE COMPLETED BY SCHOOL/AGENCY

School/Agency Affiliation: _____ Course Location: _____

School/Agency Instructor/Supervisor: _____ Title: _____

School/Agency Phone Number: _____

TO BE COMPLETED BY SCHOOL/AGENCY

Student Has:

_____ Began HbV vaccine series (provide copy)

_____ Completed T.B. Mantoux Test (provide copy)

Student is:

_____ Covered by Institution/Agency Workman's Compensation or equivalent
(provide copy)

_____ Covered by Institution/Agency General and Professional Liability Insurance
(provide copy)

PLEASE SELECT MOST APPLICABLE

_____ EMT-B STUDENT

_____ EMT-I STUDENT

_____ EMT-P STUDENT

_____ OBSERVER ONLY

RIDE AUTHORIZATION

Date(s) of Ride(s): _____

Shift Start Time: _____

Shift End Time: _____

(Shift may be extended due to call volumes)

Assigned to: _____

Please Report to: Assistant Fire-EMS Chief
Louisa County Office Building
1 Woolfolk Avenue
Louisa, Virginia 23093
540-967-3491

Authorization: _____ Title: _____

THIS AUTHORIZATION SLIP MUST BE PRESENTED TO PRECEPTOR