



Queen Anne's County Department of Emergency Services Standard Operational Guidelines



Section: <u>202 General Operations</u>	Date Approved: <u>03/14/2000</u>
Subject: <u>Ride-Along Program</u>	Date Revised: <u>1/02/2017</u>
Division: <u>EMS</u>	Approved By: <u>S. Wheatley</u>

1. Purpose

1.1. The Ride-Along Program allows students, providers, and citizens to voluntarily accompany employees to observe Queen Anne's County (QAC) Emergency Medical Services (EMS) activities and better understand the Department of Emergency Services (DES). This program is designed as an educational program to acclimate interested persons with the services provided by this department.

2. Eligibility

2.1. Any qualified citizen, who desires to, may ride-along with a QAC DES provider to observe operations of the emergency services department and become familiar with its physical organization. This may include local or out-of-town residents, students, or EMS providers from other agencies.

2.2. To participate, all potential riders must meet the following criteria:

2.2.1. Be at least sixteen (16) years of age or older.

2.2.2. If the rider is under the age of eighteen, a parent or guardian must sign the waiver form, unless emancipated. This must be done in the presence of a QAC DES employee; in turn this employee will sign the waiver as a witness.

2.2.3. Riders should have no outstanding wants or warrants. Convictions of serious felony crimes, batteries, or weapons charges will be grounds for denial.

2.2.4. The rider should be of good character, not likely to endanger the safety of the public, provider or him/herself.

2.2.5. All students will be required to complete the Bloodborne Pathogens Verification form located in the ride along packet.

- 2.3. Employees of other local government agencies or other municipalities may ride in a training capacity; however, specific purposes for the ride-along must be included in the Ride-Along Application.
- 2.4. DES employees must have the approval of their immediate supervisor before participating in the Ride-Along Program. DES employees are not required to complete a ride along packet, but will be required to provide proof of Bloodborne Pathogens training.
- 2.5. Local community colleges and other educational institutions conduct intern educational programs or an EMS ride-along as part of course works. These students are frequently referred to the QAC DES to satisfy this requirement. Those students in formal intern programs will arrange for a long term Ride-Along Program through their program coordinator.
- 2.6. Due to liability and regional policies, EMT-B, CRT, EMT-I and EMT-P students must ride with a Mentor.

3. Ride Along Request

- 3.1. Persons wishing to participate in the ride along program may pick up the appropriate forms at any QAC DES Station during the hours of 8:00 a.m. to 4:00 p.m. Monday through Friday. Ride along packets may also be obtained electronically via email or the department's website. These forms include:
 - 3.1.1. QAC DES Ride Along Application.
 - 3.1.2. QAC DES Release and Waiver.
 - 3.1.3. Authorization for Criminal Records/Warrant Check.
 - 3.1.4. Bloodborne Pathogens Verification Form.
 - 3.1.5. Student Verification Form.
- 3.2. Completed request forms must be returned at least 7 days before the desired ride-along date. The forms referred to herein are found at the end of this guideline. All forms will be read in full by the appropriate parties and will be signed at the bottom to acknowledge the restrictions and limitations.
- 3.3. All rider schedules must be approved by the supervisor in charge of EMS Schedules. Once approved the rider will be assigned ride time and listed on the EMS Schedule. The rider may request to ride in a specific area or with a particular provider. If convenient to the department and conditions permit, permission may be granted through the supervisor in charge of EMS Schedules.
- 3.4. Riders will be posted on EMS Manager a least one shift prior to the scheduled shift or the provider(s) will be notified via EMS Manager. If there is a conflict the provider should contact their immediate supervisor to make other arrangements for the rider.

- 3.5. The supervisor in charge of Ride-Along Programs will obtain proper clearance, criminal records/warrant check, and assure all proper forms are complete. After this is determined the application will be approved or denied.
- 3.6. Normally, no more than one ride along shall accompany a provider at a time.
- 3.7. All riders will be entered into Aladtec as an approved rider and placed on the electronic schedule on their granted ride time dates.
- 3.8. In order to be approved as a rider the requesting person should have a valid reason for the ride-along request, have no outstanding wants or warrants, and have no convictions for crimes that would make him/her unsuitable for the ride-along. For example, a history of convictions for serious felony crimes, batteries on law enforcement or EMS officials, or weapons charges would be grounds for denial.
- 3.9. If the ride-along candidate does not clear the records check, he/she will be notified.

4. Dress

- 4.1. Since the public may view riders as representatives of the local government, an established dress code will be enforced. Appropriate apparel with a neat and clean appearance will be expected and subject to the approval of the on-duty provider.
- 4.2. Since the public may view riders as representatives of the local government, an established dress code will be enforced. Appropriate apparel with a neat and clean appearance will be expected and subject to the approval of the on-duty provider.
- 4.3. Any clothing that would create a perception that the rider is a County employee will be prohibited. This will include shirts with QAC DES/EMS providers' logos or writings, etc.
- 4.4. It is the responsibility of the rider to provide his/her own appropriate dress.
- 4.5. Riders must maintain a neat appearance to include a uniform. The uniform will include black shoes or boots, black belt, black socks (if visible), blue or black trousers and their approved departmental shirt (i.e. golf or job shirt with department/company logo).
- 4.6. Riders will be strictly prohibited from wearing shorts, skirts, and/or tennis shoes.

5. General Procedures

- 5.1. In any rider situation, the primary concern of the assigned provider is to ensure the safety of the rider and the secondary concern is the training or orientation objective. Providers will restrict the exposure of the rider from hazardous situations such as fire, rescue or assaults. If a serious situation develops, it will

be up to the provider to decide if the rider will go on the call or be asked to wait in a SECURE and SAFE location.

5.2. All riders will be issued a visitor Personal Accountability Tag (PAT). The PAT tag will be issued at the beginning of the shift and will be returned at the end of the shift. It is the responsibility of the provider to explain the purpose of the PAT tag and directions for use of the PAT tag.

5.3. Hours for the Ride Along Program are from 0700 to 2100 hours unless otherwise authorized.

5.4. EMS units will not delay a response to wait for or pick up a rider.

5.5. The supervisor in charge of Ride-Along Programs will have the responsibility of keeping records of all Ride-Along Application approvals and rejections in addition to the frequency of ride-along participants.

5.6. All approved riders will be permitted to ride for one year with QAC DES. After the completion of the one year approval subsequent ride alongs will require the full completion and submittal of an updated ride along application.

6. Beginning of Shift

6.1. The rider should report to the appropriate EMS Station prior to the time he/she is scheduled to ride.

6.2. A review of the rules should be done with the rider to be sure that all of the rules are understood.

6.3. The duty provider shall instruct the rider on the following procedures:

6.3.1. The rider may be required to appear as a witness in court.

6.3.2. The rider may end the ride whenever he/she wishes, but is expected to stay until their completion of their originally assigned time otherwise it will be documented by the on-duty EMS Supervisor.

6.3.3. The provider should explain the emergency equipment in the vehicle and the purpose it serves. Riders will be instructed not touch any of this equipment unless specifically instructed to do so by the provider.

6.3.4. If standards are not adhered to, the on-duty provider may cancel ride-along approval.

7. Rider Conduct

7.1. Riders shall at all times remain under the complete control of the assigned provider and shall comply with all directions and requests.

- 7.2. Riders shall not interfere with the providers while in the performance of their duties or in patient care in any way by conversing or treating patients or handling emergency equipment, or participating in any emergency services provider's activity unless directed to do so by the assigned provider.
- 7.3. No alcoholic beverages or drugs are to be consumed prior to the ride. If the use of alcohol or any illegal substance is suspected the ride will be terminated.
- 7.4. Photographs or recording of any kind will be permitted.
- 7.5. The rider should be in good health. No one with severe illnesses will be permitted to ride-along.
- 7.6. Any information regarding patient care is confidential in nature and the rider shall not discuss that information with anyone outside of the Department of Emergency Services.
- 7.7. The rider is expected to adhere to all state/ local laws while participating in the program (i.e. use of seat belt).

8. Procedures for Family Members

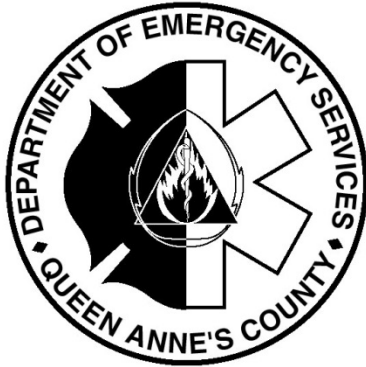
- 8.1. Members of a provider's family or acquaintances will be allowed to participate in the Ride-Along Program with the approval of the supervisor in charge of Ride-Along Programs.
- 8.2. Riders will normally be limited to once each 90 days with the individual member of a provider's family or his acquaintances.
- 8.3. All other rules of the Ride-Along Program will apply.

9. Injury

- 9.1. If the rider is involved in an auto accident, normal departmental procedures and notifications should be followed. If the rider is injured and medical care is requested, the rider will be treated at any appropriate medical facility. The rider must complete an accident questionnaire located in the Accident Reporting Kit in each vehicle.
- 9.2. In the case of an automobile accident, the Local Government Insurance Trust (LGIT) offers Personal Injury Protection (PIP). This coverage affords up to \$2,500.00 for all reasonable expenses incurred only by a passenger or guest of the named insured. Reasonable expenses are defined as necessary medical, surgical, X-ray, dental, ambulance, hospital, professional nursing and funeral services.
- 9.3. PIP applies to automobile coverage and is considered "goodwill coverage." This coverage is not necessary for local governments to purchase. The goodwill protection afforded by this endorsement offers medical expenses to an individual with proof of medical costs.

9.4. Riders are not county employees therefore will not be covered under the county's workers compensation coverage.

**Queen Anne's County Department of Emergency Services
Emergency Medical Services Division
Ride-Along Release and Waiver**



Caution! Read this document in full before signing.

Whereas, I, _____ being/not being over the age of eighteen and not being an employee of the Queen Anne's County Department of Emergency Services, local government, I have made a voluntary request to ride as a guest in an Emergency Services vehicle and to accompany a member or members of the emergency services department during the performance of their duties; and I agree:

That I am aware that the work of the emergency services department is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the emergency services department and that I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property damage arising from or in arising from or in any way connected with the use of weapons; unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire, explosion, gas, electrocution, motor vehicle crash or the escape of radioactive substances while accompanying a member or members of the emergency services department.

That the local government, the city/town/village, council, manager, commissioner, its employees, emergency services providers, all members of the emergency services providers department and each of them, shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while riding in any vehicle assigned to the local government or while accompanying any member or members of said department and resulting from any negligent act or omission on the part of any member of the emergency services providers' department whether within or outside their scope of employment.

For myself, my heirs, executors, administrators and assigns to defend and indemnify the local government, the city/town/village, council, manager, commissioner, its employees, emergency services providers in the local government, and each of them against any and all manner of actions, causes of action, suits, debts, claims, demands, liability or expense and all manner of actions, causes of action, suits, debts, claims, demands, liability or expense of every kind and nature incurred or arising by reason of actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle

assigned to the local government or while accompanying any member or members of said emergency services providers' department.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Caution! Read this document in full before signing.

_____ Rider Name (Print)	_____ Witness
_____ Rider Signature	_____ Signature of Parent/Guardian (If signee is a juvenile)
_____ Date	_____ Signature of Parent/Guardian (If signee is a juvenile)
_____ Date of Birth/Age	_____ Approving Supervisor

Queen Anne's County Department of Emergency Services
Emergency Medical Services Division
Ride Along Application



Legal Name: _____

Address: _____

Rider Information

Occupation: _____

Date of Birth: _____ S.S. Number: _____

Cell Phone Number: _____ Cell Carrier: _____

Driver's License Number: _____ State: _____

E-Mail Address: _____

EMS Certification/License

Affiliation Number: _____ Company Number: _____

Provider Number: _____ EFF: _____ EXP: _____

Other Affiliations (if any): _____

Emergency Contact Information

Name: _____ Phone Number: _____

Address: _____

Reasons for Request

Student Observer Clearance Request Other _____

**Do you have any pending or prior convictions other than traffic offenses?
(if so please list)**

I certify that the foregoing is true and correct to the best of my knowledge and belief

Ride-Along Signature: _____ Date: _____

Office Use Only

Reviewed by: _____ Rank: _____

Approved by: _____ Date/Time: _____

Disposition: Approved Denied

**Queen Anne's County Department of Emergency Services
Emergency Medical Services Division
Bloodborne Pathogens Verification**



I, the undersigned, verify that I have received training on the subject of bloodborne pathogens within the last twelve months. This training meets or exceeds the current OSHA 1910.1030 standards.

Rider Name

Witness

Rider Signature

Date

Date

Date/Location of Training

**Queen Anne's County Department of Emergency Services
Emergency Medical Services Division
Authorization for Release of Personal Information**



I, _____, do hereby authorize the Queen Anne's County Sheriff's Office and/or the Queen Anne's County Department of Emergency Services, its employees, agents and/or assigns to review any and all records concerning me, whether the said records are public, private or confidential in nature regarding education, employment, criminal and traffic, and military records.

I authorize any person to whom this release is presented, to make a full disclosure regarding the above records and to provide the Queen Anne's County Sheriff's Office and/or the Queen Anne's County Department of Emergency Services, its employees, agents and/or assigns, information to include but not limited to, letters of reference, evaluations and ratings, credit reports, financial statements, records concerning real and personal property titled to me or which I may be the beneficial owner, and records of complaints which may have been lodged by or against me. I understand that the results of such disclosures are a confidential nature, and cannot be revealed to me. I agree to indemnify and hold harmless the person to whom this release is presented, their employees, agents and assigns, from any and all claims or causes of action arising hereunder.

Rider Signature

Witness

Date

Date

Date of Birth

Social Security Number

**Queen Anne's County Department of Emergency Services
Emergency Medical Services Division
Student Verification**



I, _____, do hereby verify that
Instructor Name

_____ is currently enrolled in the _____
Student Name Course Title

at _____.
Training Center Name

This student is currently cleared to perform the following skills or procedures:

Skill/Procedures	Instructor Initials	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructor Signature _____
Date

Primary Phone Number _____
Secondary Phone Number

**Queen Anne's County Department of Emergency Services
Emergency Medical Services Division
Confidentiality & Non-Disclosure Agreement**



I _____ understand that Queen Anne's County Department of Emergency Services provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Queen Anne's County Department of Emergency Services' patients. I understand that it is necessary, in the rendering of Queen Anne's County Department of Emergency Services 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 all such information is strictly confidential and protected from improper use and disclosure by federal and state laws.

I agree that I will comply with all confidentiality and security policies and procedures set in place by Queen Anne's County Department of Emergency Services during my experience as a student/guest/trainee with Queen Anne's County Department of Emergency Services. If at any time I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Privacy Officer of Queen Anne's County Department of Emergency Services immediately.

I also understand that I may be exposed to other confidential or proprietary information of Queen Anne's County Department of Emergency Services and I agree not to reveal any of that information to anyone at any time.

In addition, I understand that a breach of patient confidentiality may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of Queen Anne's County Department of Emergency Services. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. As a general rule, I understand that any patient or confidential information that I see or hear while a student/guest/trainee will stay here at Queen Anne's County Department of Emergency Services when I leave.

I have been given an overview of the privacy policies and procedures and have been given access to review those policies. I agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe Queen Anne's County Department of Emergency Services activities will be terminated.

Print Name

Date

Signature