



Reviewed/Revised: 07-09-08

POLICY #P-21

Ride-Along Observer/EMS Rider

Supersedes: New

Approved by: Fire Chief

Approved by the Board of Commissioners: July 9, 2008

PURPOSE: To establish a policy that allows citizens, other than Department personnel, to ride as an Observer and/or EMS Rider on District apparatus.

SCOPE: Applies to all District 6 members and citizens wishing to participate as an Observer/EMS Rider.

POLICY:

It is the intent of this policy to allow citizens, agencies, or students in EMS training, or other organizations to learn in greater detail about the Fire District. The Observer/EMS Rider must follow all directives of command staff. Those individuals riding for the purpose of observing will not engage in any fire or EMS emergency response services. Those riding for the purpose of EMS training will be allowed to perform within their scope of training.

PROCEDURE:

The Observer/EMS Rider shall call the Fire District and schedule an appointment to meet with a Chief Officer to schedule a date and time to ride along.

The Observer/EMS Rider shall sign a Confidentiality/Acceptance of Risk form. The form shall be forwarded to District Headquarters for filing.

The Observer/EMS Rider must be a minimum of 18 years of age. Exceptions may be granted by the Fire Chief.

ATTACHMENTS:

Forms: Confidentiality/Acceptance of Risk, Observer/EMS Rider Request form



East Olympia Fire District 6
8047 Normandy SE
Olympia WA 98501
(360) 491-5533 FAX (360) 459-3873

Confidentiality/Acceptance of Risk

I, the undersigned, as Observer/EMS Rider with East Olympia Fire District 6 understand and represent said District as follows:

I fully understand and acknowledge that, as an observer with District #6; I cannot perform nor engage in any type of emergency services personally. (See exception below for EMS Ridership for Patient care.)

I fully acknowledge and understand that, as an Observer with District 6, I am placing myself voluntarily in a position where I may sustain serious injury to myself, caused by an accident the District may be involved in. Without limiting the generality of the foregoing, I acknowledge and fully understand that my duties, as an observer, will frequently place me in situations that have a very real probability of becoming involved in accidents, due to the fact that the department and/or its personnel will be performing in emergency situations.

I also realize that I may be subjecting myself to a high degree of risk of injury to myself at the accident and/or incident scene caused by placing myself in a situation and/or environment at the scene or I also realize duties carried out by myself at the scene, may cause injury to myself, to others, to my property and/or the property of others.

I understand that there is a potential risk for exposure to Bloodborne Pathogens or Tuberculosis (TB) when participating in an observation program in the fire district 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 district to seek medical attention at the location specified in their Exposure Control Plan. I understand that the fire department is NOT responsible to cover the costs associated with post-exposure medical treatment/counseling.

I understand that East Olympia Fire District #6 provides services to patients that are private and confidential. I understand that it is necessary, in the rendering of East Olympia Fire District #6 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 by federal and state laws.

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. East Olympia Fire District#6 prohibits the release of any patient information to anyone outside the organization. Discussions of Protected Health Information (PHI) within the organization shall be limited.

I agree that I will comply with these practices set in place by East Olympia Fire District #6 during my entire association with the District. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Duty Officer of East Olympia Fire District #6 immediately. In addition, I understand that a breach of patient confidentiality may result in the immediate termination of my association with East Olympia Fire District #6.

Upon termination of my association for any reason, or at any time upon request, I agree not to obtain or keep any patient information. Therefore, I will not use any electronic device (s) while under this signed agreement. I will not distribute, post any photographs, videos, or other images to any individual or entity, member inside or outside the agency such as, the media, or websites. I understand failure to do so may result in personal liability.

EMS Ridership for Patient Care

For those individuals requesting Ridership with East Olympia Fire District #6, for the purposes of patient care, those individuals must provide the following:

1. Any member of a Thurston County agency may ride for the purposes of delivering patient care, provided they are an approved Thurston County EMT, to include the Thurston County Protocols.
2. Provide written authorization from their respective member's agency Chief/Administrator which states the purposes of training.

EMS Rider will:

1. Wear Personal Protective Equipment at the level required by East Olympia Fire District #6 all times while delivering patient care.
2. Wear appropriate clothing as representing East Olympia Fire District #6. Casual business dress with appropriate shoes to encounter various environments' and weather conditions.

Fully understanding the foregoing, I hereby hold East Olympia Fire District 6, together with its agents, employees and duly authorized representatives, harmless from any and all damages or injuries which may occur to me or my property in my Observer/EMS Rider relationship with the said District. I personally accept the responsibility of all damages and personal injuries and property damage of every kind and nature which may occur to me in my said relationship with the District, and waiver any and all rights of action of every kind and nature that I would otherwise have against the said District, its agents, representatives, and employees.

I have read and understand this agreement that has been provided to me by East Olympia Fire District #6. I agree to abide by all policies and preceding rules that have been provided to me by East Olympia Fire District #6. I fully understand that this is a binding document and have fully considered the implications before signing the same. I have signed this document in a free and voluntary manner.

Dated this _____ day of _____, 2____.

Ride Time from _____ to _____.

Print Name of Observer/EMS Rider

Signature of Observer/EMS Rider

Approved by: _____

Date: _____

Protected Health Information

The Observer/EMS Rider acknowledges that he/she will be present when protected health information (PHI) is discussed between Fire District personnel and patients. Understanding the importance of protecting the confidentiality of patient information, in every form, the Observer/EMS Rider agrees to the following, as a condition of being allowed to ride along with Fire District personnel. The Observer/EMS Rider will:

- Not use or further disclose PHI except as permitted under this Agreement or required by law;
- Use appropriate safeguards to prevent use or disclosure of PHI except as permitted by this Agreement;
- Will refrain from the use of any types of electronic devices while under this signed agreement.
- Mitigate, to the extent practicable, any harmful effect that is known to Observer/EMS Rider of a use or disclosure of PHI by the Observer in violation of this Agreement;
- Report to the District any use or disclosure of PHI not provided for by this Agreement of which the Observer/EMS Rider becomes aware.
- In summary: Anything you see or hear concerning a patient, while on an incident with East Olympia Fire District #6, you cannot verbalize to anyone once the incident is terminated.

Print Name of Observer/EMS Rider

Signature of Observer/EMS Rider

Date