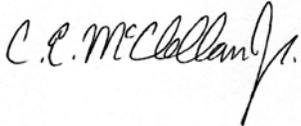
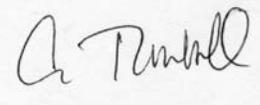




**City of Winchester
Fire & Rescue Department
STANDARD OPERATING PROCEDURE**



Section:	EMS Operations	SOP:	9.4
Subject:	EMS Student and ALS Preceptee Ride Along Program	Executed:	03/21/2013
		Revised:	
 Approved: C. E. McClellan Jr., Deputy Chief		 Approved: Christopher Turnbull, MD, OMD	
Legal Review: Anthony Williams, City Attorney			

PURPOSE

To establish a standard procedure for EMS students and ALS Preceptees to participate in a Ride-Along program with the Winchester Fire and Rescue Department. The program is designed to provide the EMS student and ALS Preceptee the opportunity to observe field operations and perform EMS skills to meet/obtain competency requirements as authorized by their level of instruction/certification.

POLICY

An EMS student or ALS Preceptee may participate in the Ride-Along program if they are enrolled in and pursuing a professional certificate, associate's degree or higher program in EMS from a college, university or other program that is accredited by the Commonwealth of Virginia Office of Emergency Medical Services to provide EMS education or if they are affiliated with a licensed EMS agency within the Lord Fairfax EMS Council region. All Ride-Along personnel are referenced as "students" in this SOP. Individuals under the age of 18 years old are ineligible to Ride-Along as students.

It is the responsibility of the fire and rescue chief or his/her designee, to approve all applications prior to students riding on apparatus. It is the responsibility of the EMS preceptor to ensure that students comply with the provisions of this SOP.

Students may only participate in EMS calls to the extent trained and permitted under this SOP.

Exemptions: Winchester Fire and Rescue Department career personnel and volunteer members of any City of Winchester volunteer fire and rescue station are exempt from this policy.

PROCEDURE

- To be considered for the Ride-Along program, a student must submit a request to the fire and rescue chief or his/her designee on the Student Ride-Along application (Attachment A). Any requests received less than five business days prior to the first requested Ride-Along date will not be considered.
- The Student or their agency will maintain a general liability policy with \$1,000,000 combined single limits. Coverage is to be on an occurrence basis with an insurer licensed to conduct business in the Commonwealth of Virginia. The insurer must have an A. M. Best rating of A- or better. The insurer must list the City of Winchester as an additional insured. The endorsement must be issued by the insurance company. A notation on the certificate of insurance is not sufficient. A copy must be submitted with the Student Ride-Along application
- No student may ride along on City apparatus if he or she has a conviction or pending indictment that would prohibit him or her from obtaining certification by the Virginia Office of Emergency Medical Services as identified in 12VAC5-31-910. Criminal or enforcement history.
- If the fire and rescue chief or his/her designee approves the application, the student must read and sign the Ride-Along Participation, Notice of Privacy Laws, Release of All Claims and Assumption of The Risk Agreement.
- The original signed forms shall be maintained on file at the fire and rescue administrative office. A copy of the forms will be forwarded to the appropriate station and preceptor.
- The student will also submit a copy of their immunization record and verification that a criminal background check has been completed and there are no disqualifiers as outlined in this SOP.
- Copies of the Student Ride-Along application are available at all stations, the department's internal web page <http://fire.winchesterva.gov/> and with the director of an accredited EMS program with a signed affiliation agreement with the Winchester Fire and Rescue Department.

AUTHORITY AND RESPONSIBILITY

A. Ride-Along hours and standards.

- A. Student Ride-Alongs must be scheduled through the EMS Deputy Chief (540) 662-2298 or emcclellan@ci.winchester.va.us.
- B. Scheduling shall be done at a minimum of three (3) days prior to the Ride-Along date requested.
- C. Students may only perform skills which their instructor(s), class administrator or certification level authorizes them to perform, after appropriate instruction as part of on-going certification training.
- D. Failure of the student to follow directions/instructions of the assigned preceptor or any department officer will result in the Student's loss of privilege to participate in the Student Ride-Along program.

B. Dress and Appearance.

- A. Students shall be neat and clean in appearance. Their personnel hygiene and grooming must be acceptable to the shift battalion officer.
- B. Students shall wear suitable attire. Dark pants and light colored collared shirt are recommended (no jeans, short pants, or tee shirts). No writing or artwork is allowed on clothing, except small brand logos and student patches associated with their program are allowed. Shoes must be flat and closed toe (steel-toe shoes are strongly recommended). Ride-Alongs from agencies outside of Winchester may wear their agency uniform with prior approval.
- A. Students shall display a name badge or other appropriate identification issued by their school, program or agency at all times.
- B. Students shall wear safety vests provided by the department when in or near moving traffic.
- C. Students shall wear no jewelry, except a ring and a watch are permitted. No piercings are permitted other than ear piercings.
- D. Any tattoo that could be considered offensive should be covered with a long sleeve shirt at all times.

C. Conduct.

A. Health and Safety

- i. Student shall wear a seat belt as per State Law and Winchester Fire and Rescue Department SOP 7.6 "Apparatus Driving Procedures" section "Other Safety Rules."
- ii. No firearms or other weapons may be brought onto department property or carried during the ride along.
- iii. Students may not be under the influence of alcoholic beverages or drugs during the Ride-Along. If the assigned preceptor has reason to suspect the student is under the influence the student will not be allowed to Ride-Along.

- iv. The use of all tobacco products is prohibited in any station or department vehicle.

B. Patient Privacy

- i. At no time will observers be permitted to take pictures, use a video camera or any other audio-visual recording device while on the scene of an incident.
- ii. All Student Ride-Along participants will treat PHI (private health information) as strictly confidential. The disclosure of PHI outside of the organizations who are working with the patient is strictly forbidden.
- iii. Students may not take or copy response documents with individually identifiable information such as name, address, SSN, medical history, or other information from which identity can be inferred.

C. Other

- i. Student Ride-Alongs will be responsible for bringing her/his own meals or can make arrangements to buy-in for meals with the working shift.
- ii. Student Ride-Alongs are expected to assist and participate with daily station duties.



Student Ride-Along Application

Applicant Information			
<i>The completed application must be returned to the fire and rescue administrative office at least five business days prior to your first requested Ride-Along date. Any false information or omissions on this application may result in disqualification for Ride-Along privileges. The department reserves the right to deny Ride-Along privileges for any reason, without prior notice.</i>			
Full Name		Date of Birth	
Home Address		Primary Contact Number	
Emergency Contact Name		Emergency Contact Number	
Place of Employment or School/Program		Gender (check) Male <input type="checkbox"/> Female <input type="checkbox"/>	
Position/Title	Major/Course		
Place of Employment/School Address		Employer/School Phone	
Agency Representing			
Date(s) you are requesting to Ride-Along?		Time period you wish to Ride-Along?	
<i>Please answer the following by placing a 'Y' for yes or an 'N' for no, in the box to the right of the question.</i>			
Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such a partner?		Are you under indictment or do you have charges pending in any court for any crime?	
Are you currently taking any medications that could impair your judgment?		Have you ever participated in the Ride-Along program before? If yes, when did you last participate?	
I have read and understand the procedure for the Student Ride-Along program of the Winchester Fire and Rescue Department. The above information is true and accurate to the best of my knowledge.			
Signature of Applicant: _____ Printed Name: _____			
FOR DEPARTMENT USE ONLY			
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Return completed form to:	
Signature: _____		Winchester Fire and Rescue Department	
Printed Name: _____		231 East Piccadilly Street, Suite 330	
Comments: _____		Winchester, VA 22601	
		If you have any questions contact 540-662-2298	



Ride-Along Participation Notice of Privacy Laws, Release of All Claims and Assumption of the Risk Agreement

WHEREAS, I, the undersigned, for my own personal education and benefit, request that the Winchester Fire and Rescue Department (WFRD) grant me permission to ride in Emergency Medical Service (EMS) vehicles, participate in EMS training exercises and participate in other fire and rescue related activities, and WFRD is willing to permit my participation because it serves important government functions such as education and recruitment, I agree as follows:

I have been instructed in federal, state, and local laws and regulations concerning emergency medical services, including the Health Insurance Portability and Accountability Act (HIPAA) relating to patient confidentiality, and I agree to abide by such laws and regulations. As a participant in the WFRD Student Ride-Along program, I agree to safeguard the privacy and confidentiality of all patients and participants encountered during the Ride-Along. I agree not to share or confirm any information regarding individual patients or their treatment, except with WFRD personnel. This includes any information that could be used to identify these patients, such as by address, description, or otherwise. I understand that any disclosure of patient information in violation of HIPAA may subject me to civil and/or criminal penalties as prescribed by 42 USC §§ 1320d-5 and 1320d-6 or other law. Such penalties may include up to ten years in federal prison and up to \$50,000 per violation.

I acknowledge that at all times I will remain under the direct supervision of my WFRD preceptor. At all times I display my identification and participant/student status. I agree to immediately notify my WFRD preceptor of any accident or injury to me, or any incident that causes me concern, and cooperate in providing information concerning the same.

During and after these training exercises and while in or around WFRD premises and vehicles, I will remain under the instruction of my WFRD preceptor, and I will abide by all instructions and restrictions imposed by WFRD and/or my WFRD preceptor including but not limited to instructions as to how I should act and the use of equipment. I acknowledge that I may be asked to discontinue the exercise or required to leave the premises at any time for any reason and I agree to abide by such decisions and the reason therefore need not be disclosed to me. I authorize WFRD to seek emergency medical treatment for me and to arrange for my transportation to a medical facility in the event of a medical emergency.

I have been instructed as to the nature of an EMS Ride-Along and my participation in these exercises. I understand that each exercise requires a substantial degree of physical and psychological involvement and danger. I acknowledge that WFRD has taken all reasonable steps to prepare and properly equip me for these exercises. However, I have been warned that despite reasonable efforts made to protect me, I could suffer emotional and psychological trauma, serious bodily injuries, death and/or property damage as a result of the exercises. Notwithstanding such warning, and with full and complete understanding of the risks and dangers the exercises involve, I voluntarily assume full responsibility and risk for any and all personal and bodily injuries, death and property damage that may result to me from my participation in the exercises, and the risk that such injuries and damage may become permanent or more extensive than is known, anticipated or expected, and I assume all risks inherent to these exercises.

I certify that I am physically capable of safely participating in the program, and I have taken all action that I consider necessary to make this determination, including seeking the advice of and appropriate examinations by a qualified physician, and seeking any recommended vaccinations and health care. I agree to advise WFRD of any disability that may require accommodations and agree to cooperate with WFRD to determine whether an accommodation of such disability is reasonable.

In consideration of being allowed to participate in these exercises, I hereby waive, release and forever discharge the City of Winchester, Winchester Fire and Rescue Department and its volunteer stations, their officers, directors, employees, and agents from any and all claims, liabilities, losses, damages, expenses, actions and causes of actions of every nature and kind arising out of or relating in any way to the exercises. I agree to indemnify and hold harmless the City from any and all personal and bodily injuries, death and property damage, including cost of investigation, reasonable attorney's fees and cost of appeals, arising out of any such claims or suits because of any acts or omission by me. I understand that any insurance or reinsurance related to my risks is solely my responsibility.

I acknowledge that, although I will be assigned duties as a Ride-Along, these duties and my participation in the Ride-Along program does not constitute employment by the City of Winchester or the Winchester Fire and Rescue Department. No worker's compensation, insurance, reimbursement or other benefits are available to me in the event of injury, death, property damage or other loss. No promise or inducement has been made to me for my agreement.

I certify that I am over eighteen (18) years of age and am mentally competent. This Ride-Along Participation Notice of Privacy Laws, Release of All Claims and

Assumption of the Risk Agreement is binding on all my heirs, executors, administrators, next of kin and assigns, and all persons who may claim by or through me.

CAUTION: READ THE FOREGOING RIDE-ALONG PARTICIPATION NOTICE OF PRIVACY LAWS, RELEASE OF ALL CLAIMS AND ASSUMPTIONS AGREEMENT BEFORE SIGNING.

Participant Signature: _____ Date ____/____/____

Printed Name: _____ Phone _____

Full Address:

In emergency, you may contact _____ Phone _____

Witness Signature: _____ Date ____/____/____

Printed Name: _____

Fire and Rescue Chief Signature _____ Date ____/____/____

Printed Name: _____