



Deer Park Ambulance (“DPA”) Ride-Along Program Guide

Thank you for your interest in DPA ride along program. You will need to submit a written request to the DPA Training and Compliance Officer of your intent along with completing the enclosed forms in this packet.

Failure to submit all required information will result in denial of ride-along. You may submit materials in person to DPA at 19 Arnim Ave, Deer Park or by mail to DPA, attention Training Division, P.O. Box 5963, Deer Park, WA 99006.

Please allow at least one week for processing of paperwork once it has been received. You will then be contacted by the DPA Training Officer to set up your ride-along time.

Thank you,

Amber Jones, AEMT
Training and Compliance Officer
Deer Park Ambulance

Ride-Along policy

The goal of DPA's Third Rider (Ride-Along) Program is to provide a learning atmosphere for persons observing our paramedics and EMT's. Any request to ride third may require a written request. Riding third is a privilege and not a right and DPA reserves the right to revoke or suspend this privilege at any time. Third riders understand that they will take their direction from the Paramedic/EMT's assigned to the unit they are on. If at any time the DPA Staff believes that the third rider is negatively affecting the crew or patient care in any way, the third rider will be taken off the truck and may have their privilege to ride revoked.

All third riders will be required to sign a waiver of liability before being allowed to ride. This waiver advises them of the dangers involved in the operation of emergency vehicles and the inherent challenges with rendering emergency medical services in the field. Those other than students wanting to ride along will be required to submit a written request to ride and complete third rider preparatory material. Third riders will not be assigned regarding race, sex, or other criteria, nor will they be given the option of choosing a particular crew or unit.

Third riding was designed for people in the following categories:

1. Students: EMS, nursing, or medical students who are currently enrolled in an approved medical program.
2. Government Officials
3. Explorers
4. Those interested in EMS as a career
5. Media

Attire

All third riders are expected to present a professional, business-like image always.

- a. Hair should be clean, combed, and neatly trimmed or arranged. Shaggy, unkempt hair is not permissible. Hair longer than shoulder length must be pulled back and secured; pigtails are not permissible.
- b. Jewelry should be limited to a wedding band, watch, and ID bracelet. Earrings are limited to one stud in each ear lobe. Necklaces should be worn inside the shirt. No other visible body piercing (eyebrow rings, tongue studs, multiple earrings, etc.) is allowed.
- c. Make-up should be conservative.
- d. Colognes, perfumes, and scented lotions or sprays should be used sparingly, if at all.
- e. ALL TATOOS MUST BE CONCEALED.
- f. Fingernails should be clean and moderate in length.
- g. Shirts are to have all buttons buttoned except for the collar button.

Clothing must be neat, clean, and pressed. Worn, tattered, stained, or faded clothing is not acceptable.

CONVENTIONAL AND ACCEPTABLE ATTIRE INCLUDES:

<i>EMS, Nursing or Medical Students:</i>	Sponsoring school or agency approved uniform. (Subject to inspection and approval by DPA). Scrubs and tennis shoes may be worn by nursing or medical students.
<i>Military EMS:</i>	Government issued attire (i.e., BDU/Fatigues)
<i>All Others:</i>	Black or navy dress pants (i.e., Dockers); black or brown belt; solid, Navy-blue L/S or S/S Oxford or polo with collar and with discreet insignias or brand markings; shoes should be lace able, clean, and polished if leather; tennis shoes are allowed if clean and in good repair. Weather appropriate clothing such as raincoats or cold weather coats should be conservative and dark in color and have discreet insignias or brand markings.

Those not following these guidelines will not be allowed to ride-along.

PROCEDURES FOR THIRD RIDING

DPA's third rider program operates under the oversight of the Training Officer. All required documentation should be submitted to the Training Officer prior to scheduling time to ride along.

Students

Instructors are required to:

1. Provide proof of liability and malpractice insurance.
2. Provide proof of COVID-19 vaccination status or exemption from program.
3. Provide DPA with a signed Memorandum of Understanding.
4. Provide DPA with a list of all students requesting to ride along.
5. Proctor their own students.
6. Must work with DPA to schedule their students.
7. Only allowed to function as outlined by DPA's Medical Director and State Laws.

Government Officials

1. Present documentation by government agency stating requirement for riding.
2. Meet with Executive Director and Training Officer.
3. Sign the waiver of liability.
4. Follow the direction of the DPA Paramedic to whom they are assigned.

General public with career interest

Third riding is offered to those interested in DPA as a possible career.
To participate in this program, you must:

1. Provide a written request to ride along to the Training Officer.
2. Successfully complete third rider preparatory information.
3. Complete background information sheet.
4. Sign a waiver of liability and understanding.
5. Provide proof of identity. (State/Government issued ID)

News crews (television or Newspaper) Will be assigned to ride with a Duty Officer or another member of the administrative team.

1. Get permission from the Director of Operations. This may include permission from the Fire Chief's from both Spokane County Fire District 4 and Stevens County Fire District 1.
2. Not violate patient confidentiality by printing or showing pictures that would link a patient to a scene.
3. Not print or divulge a patient's name without the patient's permission.
4. All staff on the assigned ambulance shift must give permission to be filmed and recorded.

Third Rider participation materials

The material consists of the following:

1. An overview of DPA
2. An overview of infection control procedures
3. An overview of safety
4. An overview of confidentiality
5. Written knowledge evaluation of materials presented

GENERAL INFORMATION

1. Due to the busy nature of EMS, you may or may not get a chance to eat a meal. You may bring money to attempt a fast-food run, or a sack lunch. There is usually, a microwave available.
2. You should limit any “extra” items you bring with you to a purse, backpack, lunch carrier, etc. There is limited room for securing items in the ambulance so excess baggage will not be carried.
3. Due to the nature of the emergency medical system, DPA cannot guarantee you will be off the ambulance by a certain time of day. You should plan on riding for the entire shift and account for “late calls” that may require you to remain with the ambulance crew for longer than the scheduled time.
4. You must present picture identification, i.e., driver’s license, upon reporting to DPA headquarters for your ride-along. All preparatory course paperwork and release forms must be signed and turned in to DPA Training Officer before you will be scheduled to ride along.
5. If you have scheduled a ride-along and cannot make that scheduled time, every effort should be made to notify DPA of your cancellation. Anyone scheduled to ride-along who does not show up for his or her scheduled time is subject to denial for any future ride-along. This includes students.
6. After being approved to ride, ride-along participants will be scheduled by the Training Officer. The schedules are set up on a first come first serve basis, with students taking priority. Third riders will schedule their time to coincide with shift changes.
7. DPA requires that all ride-along participants meet the same criteria as employees regarding appearance, rules, and regulations of the company, and above all, patient confidentiality.
8. At no time may a rider take any pictures of a call or scene that may be able to identify the patient. If a rider posts any pictures on a social media platform, DPA is not responsible for any legal action taken against the rider. The rider will immediately be removed from the shift they are on and will be denied for any future ride-along shifts at DPA.

Deer Park Ambulance Third Rider Preparation Material

Please read the following information completely. You will need to answer the questions at the end of the information and submit to DPA Division along with a written request to ride along, background information sheet, and release forms prior to scheduling your ride-along time.

I. BLOOD-BORNE DISEASES AND PERSONAL PROTECTION

Some diseases are caused by microorganisms that are borne (carried) in a person's bloodstream. Contact with blood infected with such microorganisms may lead to infection. Of the many bloodborne pathogens, three pose significant health threats in the EMS environment: hepatitis B virus (HBV), hepatitis C virus, and human immunodeficiency virus (HIV). In most cases, you can control the risk of exposure to bloodborne pathogens by wearing the proper personal protective equipment and by following some simple procedures.

Personal Protective Equipment

Blood-Borne Disease

Personal protective equipment (PPE) blocks entry of an organism into the body. The most common type of protection is gloves. DPA provides several sizes of gloves for you to use while riding along. You need to make sure there are gloves to fit you on the ambulance you are riding with. The crew you are assigned to will help you find the right size. You must always wear gloves while observing patient care and transport. If you have a latex sensitivity, advise the crew to whom you are assigned, and they will be glad to provide you with latex-free gloves.

Protective eye, face, and/or clothing protection or a combination of these may be necessary in some emergencies. DPA provides these for all ambulance personnel, including third riders. Your assigned crew can assist you with personal protective equipment.

Wearing PPE and hand washing provide optimal personal protection. If you have been exposed to blood or body fluids, follow these steps:

1. Remove your gloves and wash your hands and contaminated body area immediately with soap and water. Rub your hands together vigorously for at least 10-15 seconds (work up a lather), then rinse your hands and dry them with a paper towel.

2. Use a paper towel to turn off the faucet so that you do not re-contaminate yourself or others.
3. If you cannot wash immediately with soap and water, use sanitizing hand gel provided by DPA and wash with soap and water as soon as possible.
4. Flush your eyes, nose, and other mucous membranes with water if they have been exposed.
5. Report any exposure to the crew you are assigned to immediately. They will follow DPA' policy on exposures and guide you through the process.

Remember: If it is wet it is considered infectious.

You should keep your gloved hands away from your face and unprotected skin until your gloves have been disposed of and your hands washed with warm water and soap.

II. CONFIDENTIALITY

The Health Insurance Portability and Accountability Act (HIPAA) speaks to patient confidentiality and the protection of personal medical information of the people we care for and transport. When someone calls 911, they open their life to our EMS crew and divulge information that their own family might not know about them. Name, birth date, address, reason for calling us, current medications are examples of confidential information. Trust and Respect are the cornerstones of DPA. The patient trusts us to be professional and hold in confidence the information we gather during their care. Not only is this a policy of DPA but it is now a federal law.

As an observer riding with DPA, you will be privy to the same information and are expected to honor the rules of confidentiality. You can do this by not talking to bystanders on the scene or at the hospital, not talking to your family or friends about specific details of your observation time and not talking to other third riders or employees of DPA outside of the crew you are riding with. This includes company operational procedures and policies. Any breach of confidentiality by someone riding along with DPA may be pursued under the full extent of the law.

We want you to enjoy your observation time and understand you will want to tell your family/friends what you did/saw. However, you need to relate what you have seen in generalities. There is a big difference between saying "I saw this guy who had been shot" and "I saw this guy who was shot at 1234 Anywhere Street in the brown siding house with the red truck in the drive whose name is Joe."

III. SCENE SAFETY

There are certain calls we receive and certain areas of our service we respond to that are identified as "dangerous." Furthermore, any call and any area can become

dangerous. For this reason, it is imperative you always stay with your assigned EMS crew. Do not wander around a scene. Do not wander off. Make sure you are always in eyesight of the crew you are with. Each crew member has a personal hand-held radio with direct contact to our communications center (a.k.a. help). If you wander off and get into trouble or a scene becomes hostile, you could be injured, and no one would know. If a scene becomes hostile our crew may retreat to the ambulance and relocate to a safe location. If you are not with them or where they can see you, they will not take time to look for you. They are trained and required to protect themselves. You may be left at a scene.

Should you need to go to the ambulance for any reason (ex. Uneasy about situation or ill) you need to let the crew know exactly where you are. If you are out at a hospital and you need to go to the restroom or get a drink you need to let the crew know exactly where you are going.

Do not get tunnel-vision on a scene. You will see things that may shock you, but you cannot get so focused on an injury or illness that you quit paying attention to what is around you. This is imperative on vehicle accident scenes. If you do not keep your head up on a call you can become injured.

Just because you have a dog does not mean the one at the patient's residence is just like yours or will respond to you in a kind manner. That is the animal's domain and when we violate that domain with all our big, noisy equipment the animal can become very protective. Do not try to pet or provoke any animal on a scene. If you feel threatened by an animal, you need to notify the crew you are with and retreat to a safe location.

Finally, the most important thing you can do is listen to the crew you are with. They will not intentionally place you in harm's way. They may ask you to remain in the ambulance at times for your safety. Do not question them or argue with them.

Review Questions

Print Name: _____

Please answer the following questions using the information found in the Third Rider Preparation Material. These questions must be complete and turned in to DPA Training Officer prior to you being scheduled to ride.

1. What are three significant blood-borne health threats in the EMS environment?
 - a.
 - b.
 - c.

2. How can you control the risk of exposure to bloodborne pathogens while observing with DPA?

3. List 3 forms of personal protective equipment available to you while riding along with DPA.
 - a.
 - b.
 - c.

4. List 5 examples of patient information considered confidential.
 - a.
 - b.
 - c.
 - d.
 - e.

5. List 3 ways you can honor the confidentiality of patients you see while riding along with DPA.
 - a.
 - b.
 - c.

6. Any call and any area of DPA service can become dangerous at any time.

TRUE FALSE

7. It is not important to let the crew you are riding with know where you are always.

TRUE FALSE

8. Considering scene safety, what is the most important thing you can do while riding along with DPA?

9. If you do not obey the guidelines for Third Riders including clothing, personal protection and confidentiality will you be asked to leave and probably prohibited from third riding again?

TRUE FALSE

I have read the Third Rider Preparation Material and answered the review questions. Furthermore, I understand all the information presented and have asked for clarification of any information I did not understand.

Signature _____ **Date** _____

**Deer Park Ambulance
Ride-Along Participant Background Information**

Please print or type all information.

Name: _____

Age: _____

Birth Date: _____

Address: _____

Contact Phone Number: _____

Emergency Contact: _____

Have you ever been convicted of a felony? _____

Have you ever ridden with DPA? _____

If yes, when _____

How did you find out about the Ride Along Program?

Signature _____

Today's Date _____

Approved for ride-along _____ If no, list reason: _____

Training Officer Signature _____

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POLICY AND PROCEDURES GUIDELINES FOR OBSERVER AND RIDE-ALONG

AGREEMENT AND RELEASE OF ALL LIABILITY AND CLAIMS

This AGREEMENT AND RELEASE OF ALL LIABILITY AND CLAIMS (hereinafter “Agreement”) is made and entered into this _____ day of _____ 20____, by and between _____ (hereinafter “Observer/Ride-Along”), Deer Park Ambulance, (hereinafter “DPA”).

RECITALS:

WHEREAS Observer/Ride-Along seeks permission to ride as a guest in a DPA vehicle; and

WHEREAS DPA, upon the express condition that Observer/Ride-Along sign this AGREEMENT AND RELEASE OF ALL LIABILITY AND CLAIMS, is willing to permit the above-named Observer/Ride-Along to ride in a DPA vehicle and accompany the E.M.T.’s and Paramedics while in the performance of their duties; and

WHEREAS the consideration for Observer/Ride-Along to ride in the DPA vehicles is the execution of this AGREEMENT AND RELEASE OF ALL LIABILITY AND CLAIMS, including the waiver and relinquishment of all rights and action against DPA for any negligence of any of its directors, officers, agents, employees, or other personnel; and

WHEREAS the Observer/Ride-Along realizes risk to himself/herself in riding in the DPA vehicle and accompanying the E.M.T.’s and Paramedics, and acknowledges that to work and activities of the ambulance are dangerous, involving possible risk or injury, death, damage, expense or loss to person and property and not wishing to hold the directors, officers, agents, employees, or other personnel of the DPA responsible for the above, and assuming such risk himself/herself; and

WHEREAS, it is further understood that the directors, officers, agents, employees, or other personnel of DPA shall not be held liable or responsible under any circumstances whatsoever to the undersigned, his/her estate, heirs, beneficiaries, or successors due to any alleged negligence of DPA for any injury to the undersigned’s person or property, including, but not limited to, any damage, expense or loss to person or property, incurred while riding along with its personnel, and performing permitted medical and other care, within the scope of this Observer/Ride-Along Agreement.

Observer/Ride-Along and DPA agree as follows:

1. Upon the signing of this Agreement, DPA will make available to the above-named Observer/Ride-Along the opportunity to ride as an Observer/Ride-Along in the DPA vehicle with the E.M.T.'s and Paramedics. Observer/Ride-Along shall follow all instructions and directions of the DPA personnel.
2. This AGREEMENT AND RELEASE OF ALL LIABILITY AND CLAIMS may be terminated at any time and for any reason by DPA.
3. Observer/Ride-Along agrees and promises to release and forever discharge and agrees to save and hold harmless and indemnify DPA and all of its directors, officers, agents, employees, or other personnel of and from all liability, claims, demands, causes of action and possible causes of action whatsoever, arising out of or related in any way to any loss, damage or injury, including death, that may be sustained by Observer/Ride-Along or that may otherwise accrue to any of Observer/Ride-Along's respective heirs, next of kin or personal representatives which may arise in any way out Observer's/Ride-Along's ride in the DPA vehicle **FROM ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE OF ANY OF THE FOREGOING, OBSERVER/RIDE-ALONG SPECIFICALLY WAIVES AND RELINQUISHES ALL RIGHTS AGAINST DPA FOR ANY NEGLIGENCE OR ANY OF ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES OR OTHER PERSONNEL.**

INITIAL
4. Observer/Ride-Along specifically acknowledges that he/she understands this AGREEMENT AND RELEASE OF ALL LIABILITY CLAIMS and that he/she has been given an opportunity to consult with independent legal counsel prior to the execution of this Agreement and that the Observer/Ride-Along executes this AGREEMENT AND RELEASE OF ALL LIABILITY AND CLAIMS voluntarily, freely and without any duress or coercion. Observer/Ride-Along also specifically acknowledges that he/she has been given an opportunity to ask for an explanation of any of the terms herein and has either received such explanation or has asked for it.

I have read the Policy and Procedures Guidelines for Observer and Ride-Along and I understand and agree to all its terms.

SIGNED: _____

ADDRESS: _____

CITY: _____ STATE: _____

TELEPHONE NUMBER: AREA CODE: (_____) _____ - _____

IN WITNESS WHEREOF, Deer Park Ambulance, has caused this Agreement to be signed by:

_____ Representing, DPA.

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**DEER PARK AMBULANCE
WAIVER OF LIABILITY**

I, _____

Home Address _____

City _____, State _____, Zip _____

Sex _____, Race _____, DOB _____

Phone Number _____

Do hereby request permission of Deer Park Ambulance (DPA) to observe the activities of DPA members while on duty. In consideration for such permission, I agree to follow all instructions given by DPA members: I accept full responsibility for my own personal safety; I waive all rights and claims in the event of any accident, incident, or injury, and hereby release all persons associated with DPA, and all individual employees of DPA from all liability for any injury that I might sustain while observing Emergency Medical Service activities. I understand that paramedic activities are sometimes dangerous, and I hereby assume the risk associated with observing them.

Furthermore, I agree to submit to a blood or urine test in the event there is cause or reason by DPA to have this procedure performed.

In the event of an accident or injury, I hereby authorize DPA to take me to:

The Emergency Room at _____

And to notify (name and number) _____

I understand that despite this authorization DPA may choose to take me to the closest appropriate emergency room. I have read the above Waiver and agree to follow the instructions I am given. I understand that, if I am injured, I am forfeiting any right to sue the parties named or described above, even if my injury occurs because of their negligence.

1. Specific Aids Waiver: I understand that the Acquired Immune Deficiency Syndrome (AIDS), hepatitis, and some other diseases may be transmitted by coming in direct contact with bodily fluids (blood, saliva, urine, sweat, etc.). I also understand that there is no way DPA can control whether such fluids from an infected person are present at a scene. I therefore release DPA, and all persons associated with DPA, including, but not limited to the municipalities that support DPA, from all liability for anything that may happen to me because of encountering bodily fluids.
2. Medical records to remain confidential: Under HIPAA, the Health Insurance Portability and Accountability Act, DPA is required to protect the confidentiality of a patient's medical records. DPA is not free to release medical information without first receiving a release from a patient or a court order directing release. You must also respect confidentiality. If you fail to do so and because of such failure DPA suffers monetary damage of any kind, then you will be required to indemnify the appropriate person or municipality. Agreement to provision is an express waiver by you of any defense you believe you could assert in any court of law or before any administrative agency.

Signature: _____

If rider is under 18 years old, parent or legal guardian must sign this form.

Date: _____

Authorized by: _____
(DPA agent)