

Ride Along Policy

Subject: Ride Along Policy

Purpose: The Clatskanie Rural Fire Protection District Ride Along Program is designed to promote mutual understanding between the community and CRFPD. The program works by facilitating the professional development of other public service providers, providing assistance in fulfilling various educational requirements for people in the emergency service field, and giving prospective employees an opportunity to learn about the fire service.

Authority and Responsibility: Division Officers, Company Officers, Firefighter/Paramedics.

Policy:

General Guidelines for a ride-along with CRFPD are as follows:

1. Ride alongs shall be limited to individuals living within CRFPD's service area, individuals working at a business located within CRFPD's service area, members from other fire/EMS agencies, and individuals enrolled in Fire Science or Emergency Medical Technician training programs. CRFPD Division Officers may grant an exception to the residency requirement.
2. Ride along candidates must be 18 years of age or older. CRFPD Division Officers may grant an exception to the age requirement.
3. Ride along candidates shall fill out the required *CRFPD Ride Along Program Request to Participate, Waiver, and Indemnification Form*, and the *CRFPD OSP Criminal Records Form*.
4. The completed ride along application forms will be forwarded to the On-Duty Division Officer's office where it will be reviewed and then forwarded to the Fire Chief. Ride along forms for transporting ambulances must be forwarded to the EMS Division Officer for approval. The On-Duty Division Officer will submit the OSP criminal records check form which must be completed one week in advance to the ride along date.
5. Once approved, the On-Duty Division Officer will coordinate with the Company Officer or Paramedic to schedule the ride along. Company Officers and Paramedics shall make every effort to accommodate the ride along.
6. No more than one ride along participant may occur at a time.
7. Ride along candidates shall be limited to one ride along per application, unless otherwise approved by a CRFPD Division Officer. Individuals shall be limited to two ride alongs in any twelve month period, unless approved by a CRFPD Division Officer.
8. Ride alongs shall be scheduled to occur between 0800 to 2000, unless otherwise approved by a CRFPD Division Officer. Full shift ride alongs may also be considered.

9. Individuals shall show photo identification to the company officer or paramedic in charge when arriving for the scheduled ride along.
10. The Ride along's name, contact information, and time spent with assigned company officer or paramedic in charge shall be entered into a station log.
11. Acceptable ride along clothing includes a uniform or uniform items worn by EMT/Fire science students, or business casual (plain shirt and docker style pants or slacks). A clean jacket with no service-related patches may be worn.
12. Ride alongs shall wear a CRFPD Observer vest at all times when outside the station.
13. Ride alongs shall watch the powerpoint presentation and successfully pass the CRFPD HIPPA regulations quiz prior to responding with the crew to any call.
14. Emergency response safety considerations
 - a. Ride alongs shall remain outside all hazard zones.
 - b. Ride alongs will stay on the apparatus unless permission is given to exit by the Company Officer or Paramedic in Charge, or can be escorted by a firefighter.
 - c. Ride alongs shall remain on the apparatus on all roadway responses.
15. Ride alongs shall participate in all station activities including station and apparatus maintenance, meal preparation and clean up, pre-fire inspections, etc.
16. Ride alongs may not discuss confidential or incident information with bystanders or the media.
17. Station officers have the authority to dismiss a ride along at any time, at the officer's discretion, for safety violations, or inappropriate behavior or actions.
18. CRFPD shall terminate all ride along activities when the national terrorist threat level reaches or exceeds ORANGE.
19. The Fire Chief may grant exceptions to any of the above guidelines.

Additional Guidelines for Ambulance Ride Along

Approved Paramedic In Charge: An approved paramedic must have at least two years of service to have riders on his or her shift. The Paramedic in Charge is responsible for the safety and supervision of the rider. The Paramedic in Charge may cancel the ride time without notice to the rider at any time.

Approved Public Member: An approved public member must meet any and all of the above requirements set forth in the general ride along guidelines. The member must sign a Confidentiality Agreement and Waiver. The rider must follow every instruction set forth by the Paramedic in Charge. Any rider currently certified as an EMT will be allowed to provide Basic Life Support only if approved by the EMS Division Officer and Paramedic in Charge. The Basic Life Support Skills **Do Not** include **any drug administration or invasive procedures**. All skills must be performed in accordance to CRFPD EMS Protocols.

REQUEST FOR OREGON CRIMINAL HISTORY INFORMATION
ORS 181.555 AND ORS 181.560

INSTRUCTIONS:

1. Please complete this form (or substantial copy) when requesting criminal history information on another person.
2. Mail request with \$10.00 check or money order payable to the: **OREGON STATE POLICE**
BILLING CUSTOMERS DIRECT PAYMENT CUSTOMERS
Identification Services Section Oregon State Police
Attn: Open Records Unit 11
3772 Portland Road NE P.O. Box 4395
Salem, Oregon 97303-2500 Portland, Oregon 97208-4395

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. In the event a reportable record is found, subject will be advised of inquiry.

SUBJECT INFORMATION: All information is **REQUIRED**. Failure to supply complete information may effect results of inquiry.

Please **TYPE** or **PRINT CLEARLY**

(FOR OSP USE ONLY)

Name:

Last First MiddleName
Alias/Maiden:

Date of Birth: ____ - ____ - ____ Soc Sec #: ____ - ____ - ____

If unknown, approx age ____ (if known)

Current or Last Known Address:

StreeterPOBox

City State Zip

REQUESTOR INFORMATION:

**If information is sought for employment purposes, please check one:*

Applicant has been advised of this request: **In Person** _____ **By Phone or Letter** _____

Check or money order enclosed (**\$10 per request, please submit one check for multiple requests**)

Please bill my account

REQUESTOR'S NAME & RETURN ADDRESS Phone # () _____

(please PRINT or TYPE)

Note: Established billing account
customers may FAX their requests to
(503) 378-2121

Clatskanie Rural Fire Protection District
Ride-Along Program
Request to Participate, Waiver, and Indemnification

Juvenile

I, _____, the _____
(Printed Full Name) (Father, Mother, Guardian)

of _____, _____, hereby
(Minor Child Name) (Birth Date)

request and give my consent for said child to participate in Clatskanie Rural Fire Protection District Ride-Along Program and all activities connected therewith. Recognizing the fact there are certain risks and hazards associated with all fire district activities, I hereby accept that liability. I hereby warrant and state that said child has no physical or other impairments which would in any way preclude him/her from participation in such activities or abnormally jeopardize his/her safety or the safety of others.

During participation in the Ride-Along program, I understand my child may obtain knowledge of protected health information protected under federal HIPAA regulations. "Protected health information" includes patient names and other demographic information and all information about a patient's condition, treatment, or payment for medical services. I agree my child will watch and must successfully pass the department quiz on HIPAA regulations prior to responding with the crew on any call. My child agrees that this information is private and confidential, and my child shall not subsequently disclose any protected health information, including that which the child may incidentally observe or hear, to any party (including parent, guardian, and friends), except to Department personnel or as otherwise required by law.

As parent or legal guardian of the child, I hereby release the Clatskanie Rural Fire Protection District and all of its firefighters, Board of Directors, employees or agents from any claims, demands, or liabilities for injuries which may result from participation in said program. I agree to indemnify and hold harmless Clatskanie Rural Fire Protection District, its officers, agents, and employees from any claim, demand, or expense which may be asserted against them or any of them as a result of such activities.

Dated this _____ day of year _____.

(Parent/Guardian Signature)

Address

Emergency Contact Phone Number

**Clatskanie Rural Fire Protection District
Ride-Along Program
Request to Participate, Waiver, and Indemnification**

ADULT

I, _____, _____, hereby request to participate
(Print Full Name) (Birth Date)
in the Clatskanie Rural Fire Protection District Ride-Along Program and all activities connected therewith. I hereby release Clatskanie Rural Fire Protection District and all of its firefighters, board members, employees, or agents from any claim, demands, or liabilities for injuries which may result from participation in the Clatskanie Rural Fire Protection District Ride-Along Program, and agree to indemnify and hold harmless the Clatskanie Rural Fire Protection District, its firefighters, agents, and employees from any claim, demand, liability or expense which may be asserted against them or any of them as a result of such activities.

During participation in the Ride-Along Program, I understand I may obtain knowledge of protected health information protected under Federal HIPAA regulations. "Protected health information" includes patient names and other demographic information and all information about a patients condition, treatment, or payment for medical services. I agree to watch and successfully pass the department quiz on HIPAA regulation prior to responding with the crew to any call. I agree that this information is private and confidential, and I shall not subsequently disclose any protected health information, including that which I may accidentally observe or hear, to any party, except to District personnel or as otherwise required by law.

I hereby further warrant and state that I have no physical or other impairments which would in any way preclude me from participating in such activities or abnormally jeopardize my safety or the safety of others in doing so.

Dated this _____ Day of year _____ .

Signature:

Address and phone number.

Clatskanie Rural Fire Protection District

Ride-Along Program

Check Off Sheet

Name: _____

Date of Ride Along Request: _____

1. Criminal Background Record Check Form Complete and sent to OSP
 - a. Date Sent to OSP
 - b. Date Received
2. HIPPA Tape & Successfully Pass Quiz
 - a. Date Completed
3. Liability Waiver and Indemnification Form
 - a. Date Completed
4. Completed Forms forwarded to On Duty Chief to coordinate with the selected fire company to schedule ride-along and place on the Monthly Activity Calendar.
 - a. Date Sent
 - b. Date Reviewed
5. Date and Unit Ride Along Assigned to.

Clatskanie Rural Fire Protection District
Ride-Along Program
Participant Information Sheet

1. The Ride-along shift schedule shall occur between 0800 and 2000 hours. Ride-Along will report to Duty Officer at 0800 unless another time has been prearranged.
2. Ride-Along shall bring photo identification to show Duty Officer upon arrival.
3. Acceptable Ride-Along clothing includes uniform or uniform items worn by EMT/Fire Science students, business casual (plain shirt and Docker style pants or slacks). A clean jacket may be worn with no service related patches may be worn.
4. Ride-Along shall bring money for lunch and dinner expenses.
5. Ride-Along shall participate in all station activities including station and apparatus maintenance, meal preparation and clean-up, pre-fire inspections, including emergency responses on apparatus.
6. Ride-Along may not discuss confidential or incident information with bystanders or media.
7. Ride-Along shall wear a CRFPD Observer vest at all times when outside the station.
8. Ride-Along must provide an emergency contact name and phone number of a person available to pick rider up during Ride-Along Shift.
9. Duty Officers have the authority to dismiss a Ride-Along at any time, for safety violations or inappropriate behavior or actions.