



Grand County EMS Ride-Along Policy

General Guidelines:

1. Any individual who rides with Grand County EMS will be under the direct supervision of the crew to which they are assigned. The preceptors can refuse to begin or complete the rider's shift if the preceptors are uncomfortable with the participant's actions, mode of dress, attitude or has experienced previous poor performance with the rider. The Director or Assistant Director must be consulted prior to sending a rider home.
2. Riders must be 18 years or older.
3. Please arrive at the designated base ten minutes early for assigned shifts and be dressed appropriately. Be aware that a crew may be called out right at the beginning of the shift and may not return to the base for an extended period of time. Be sure to bring food or money to buy your meals.
4. Riders must comply with all GCEMS employee policies.

Dress Code:

In order for patients, first responders, and others to identify the rider as a part of the team you must wear the following:

1. Solid white or blue polo or button down shirt (with a collar). Tee shirts and sweatshirts are NOT acceptable.
2. Dress slacks of a dark color (black, navy blue or Khaki) with dark socks. Blue jeans, denim pants are NOT acceptable. EMS pants are encouraged. **Belts are required.**
3. Black or dark colored boots or hiking shoes are recommended to prevent injury. Tennis shoes or sandals are NOT acceptable.
4. Students or riders from other EMS agencies may NOT wear that uniform or jacket.

Rider Procedures:

1. Riders must read and sign a consent and release form.
2. Riders are not allowed to carry or use a department radio. Station phones may be used for short local calls.
3. All riders will comply with workplace violence and sexual harassment policies.
4. Riders must follow all orders concerning patient care.
5. Riders will be given a station tour, ambulance orientation and review of any emergency procedures at the beginning of the shift.

6. Riders are not allowed to the drive ambulance. Riders may be asked to remain in the ambulance if required for your safety.
7. Riders will be seat belted while the vehicle is moving. On the rare occasion where involvement in patient care dictates the need to remove the seatbelt, the ride along will be seated and buckled as soon as reasonably possible. Use good judgment.
8. Patient care is our top priority. If a critical patient is encountered, the crew may seem to exclude the rider. Be alert to what is happening since your assistance may be crucial in the overall effort of patient care.
9. Riders must remain in the back during general driving and in response to calls.

Rider Eligibility:

1. Must be at least 18 years or older
2. Must be approved by the Director or Assistant Director
3. Grand County EMS does allow high school students, who are minors, to ride with the permission of a parent or legal guardian. These riders must have prior approval and be in a Career Development program. These riders are to be schedule through the Director or Assistant Director.

Patient Confidentiality:

Patient confidentiality is the utmost concern and priority at Grand County EMS. Riders should understand and respect patient confidentiality, not only from an ethical standpoint, but from a legal one as well. Car accidents, suicides, homicides, or any other number of incidents have serious legal significance. All information and details of patients and incidents must be kept strictly confidential. Under **NO** circumstance shall a rider discuss with anyone, other than the assigned crew or management, patient care and incidences. **Absolutely no pictures, videos or audio recordings will be allowed at any time.**

Grand County EMS hopes to make this experience a positive one and will involve our riders as much as possible. Please understand that there will be the possibility for down time and plan accordingly. Please feel free to bring things to do and/or study during this time.

Informed Consent and Release for Ride-Alongs

I hereby consent to participate in the ride-along program offered at Grand County EMS. I understand that the purpose of this program is to observe the role of the Emergency Medical Services professionals in their daily work environment.

Risks

I understand that I will be riding in an ambulance with Grand County EMS crews as they respond to requests for emergency medical services. I further understand that in responding to such requests, I may be exposed to conditions and situations that are dangerous and traumatic. Such conditions or situations may include, but are not limited to, exposure to communicable

diseases transmitted through exposure to blood, bodily fluids, and airborne pathogens; exposure to hazardous materials and chemicals; risk of physical harm as a result of the combative patient. I acknowledge there is a risk of emotional harm that may accompany my exposure to graphic and traumatic scenes that may include significant injuries and death. I further understand that my exposure to such conditions and situations may result in injury, illness or death. I also acknowledge that I may be exposed to risks that cannot be anticipated. It is my understanding that the Grand County EMS crew's obligation are to render care and treatment to the patient and therefore the EMS crew may not be able to protect me from the various risks to which I may be exposed.

Release

I acknowledge that there are risks involved in my participation in this program. I hereby agree to hold harmless Grand County from any claim, damage, illness or loss that I may experience, including physical and emotional injury as a result of my participation in this program.

Confidentiality

I further acknowledge that during my participation in this program I may become aware of facts relating to a specific patient's identity and private information, including the patient's diagnosis, treatment and complaints. I fully understand that the patient's identity and all the facts relating to the care and treatment to any patient are strictly confidential, both ethically and legally. I understand that at no time can any such information be discussed, even after I terminate my participation in the program.

Ride along dates and times

Ride along shifts will consist of 12 hour blocks of time either from 0600 to 1800 (day shift) or from 1800 to 0600 (night shift), during this time you will carry a department pager and will respond to the station in the event of a page within 5 minutes or less. If you are interested in working for us you must complete 3 ride along shifts, all others will only complete one shift (the Department Director can approve exceptions). On the following page please provide the dates and times that you wish to ride along. On your first shift you will meet the crew and captain at the station at your assigned start time, you will complete a preshift checklist and pick up your pager. If any issues arise with your shift please call the Department Captain at (435) 220-0177.

By filling out the information below and signing you acknowledge that you agree to abide by the Grand County EMS ride along policy.

Name (First and Last): _____
(Please print legibly)

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Other Phone: _____

Emergency Contact Information (if under 18 please provide parent or legal guardian contact info)

Name and Relationship to you: _____

Home Phone: _____ Work Phone: _____

Home Address: _____

Signature: _____ Date: _____

Parent or Legal Guardian Signature (if under 18): _____

Dates and times: _____