

Reedsburg Area Ambulance Service Third Party Rider Program

Guidelines and Orientation Packet

Rider/Observer Information:

NAME: _____ DATE OF BIRTH: _____
Last First Middle Month/Day/Year

HOME PHONE: _____ WORK PHONE: _____

DRIVER'S LICENSE NUMBER/STATE: _____ SSN: _____

HOME ADDRESS: _____
Number Street City State Zip Code

What You Should Expect From Reedsburg Area Ambulance Service

You should be able to receive the best possible education/experience that you can receive. Your assigned preceptor should provide coaching and counseling with regard to strengths and weaknesses and offer suggestions for improvement. If you are a student, you should be accepted as part of the team and asked to participate in certain team activities. If your training institute provides written evaluation forms, those will be completed and discussed with you. We feel your education with Reedsburg Area Ambulance Service will provide you with a strong foundation from which you can grow both personally and professionally.

Types of Riders

Reedsburg Area Ambulance Service provides clinical ambulance rides for a variety of different people. We will address different topics and expectations depending on your rider status. For these purposes you will be considered:

o *Student*

Rider Initials: _____

- These are persons **currently enrolled** and receiving clinical evaluations for EMT-B, AEMT or EMT-Paramedic school and/or.
- Healthcare students (RN or Medical Students, Residents, or Interns) currently enrolled in school.

o *Observers*

Rider Initials: _____

These are for health care professionals not receiving clinical evaluation, and other non-medical personnel approved by Administration. These persons **may not** perform any patient care tasks.

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Dress Regulations

o *Student*

Rider Initials:

o *Observers*

Observer Initials:

During the ambulance ride-along, the following is expected of the rider:

- a. School issued shirt. **Shirts may not have another agency's logos or patches.**
- b. Black or dark blue pants. **Jeans of any color will not be allowed. Shorts are not allowed.**
- c. Black or dark brown shoes with good soles. **No sneaker, sandals or high-heels.**
- d. Jackets or coats must be plain in appearance **without any agency logos, agency patches, or other excessive markings.**
- e. **Students are not permitted to wear any other Agency's uniform or anything that designates the student as another Agency's employee.**
- f. **All riders must have in their possession a current picture I.D.**
- g. Hair must be pinned back for safety. Hair must be clean and neat at all times. Unnaturally colored hair is not permitted, i.e., purple, orange, etc.
- h. Facial hair must be neat and trimmed. A two-day growth of beard is unacceptable.
- i. Riders may not wear earrings that hang down. Facial jewelry of any type is not permitted.

Personal Belongings

o *Student*

Rider Initials:

o *Observers*

RiderInitials:

Due to OSHA guidelines, food, drink, application of lip balm, contacts, make-up and storage of **food is not allowed in the patient compartment of an ambulance.** If the rider wishes to bring food, secure food in a small container that can be stored easily. Food can be stored in the kitchen refrigerator. Riders should bring enough money to purchase **at least two meals** for the shift.

Riders should bring their own bedding if staying overnight.

Reedsburg Area Ambulance Service will not be responsible for the loss, theft, or destruction of personal property while it is on an ambulance.

Equipment Familiarization

o *Student*

Rider Initials:

In order for this to be a beneficial and rewarding experience all students are expected to gain familiarization with the ambulance and the equipment (location and operation to their scope of practice) that they will be using. The student should be actively involved in checking out the unit at the start of shift and refer any questions to their preceptor.

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Lifting

o *Student*

Rider Initials:

o *Observers*

Rider Initials:

At no time should a student or observer engage in lifting the patient, equipment, or the stretcher, unless specifically instructed to by your preceptor.

Infection Control

o *Student*

Rider Initials:

o *Observers*

Rider Initials:

Personal Protective Equipment (PPE) will be standard practice when handling/caring for patients. PPE is provided on each unit including gloves, eye protection, face/eye protection, and gowns. **I understand that the members of Reedsburg Area Ambulance Service have received exposure control training and therefore will follow their directions for minimizing the risks of exposures during patient contact.**

Exposures of potential exposures are to be immediately reported to your preceptor. The Exposure Control Officer will then contact the student's training agency and advise them of the incident.

Sharps

o *Observers*

Rider Initials:

EMT-Basic Students and Observers will not handle sharps under any circumstances.

o *Student*

Rider Initials:

An appropriate sharps container must be within arm's reach of the user before any sharp is used. Other potentially contaminated sharp object (ex. Glass etc.) will not be picked up directly with your hands. It shall be cleaned up using mechanical means, such as dustpan.

All used needles and catheters will be immediately disposed of in the appropriate puncture resistant biohazard container. Used sharps will not be passed to another person for disposal or use.

Never leave a needle lying anywhere in the unit. Recapping of needles is not accepted unless the syringe provides multiple doses of medications such as Morphine. In such cases the one-handed recapping method should be used. Refer to your preceptor if you are unfamiliar with this method.

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Patient Confidentiality

o *Student*
o *Observers*

- a. HIPAA Privacy Rules are enforced at the Reedsburg Area Ambulance Service. It is policy that information received on any patient will not be discussed with anyone not directly associated with the call. This includes all patient identifiable information such as the name, address, telephone number, date of birth, age, social security number, etc., or any identifying information connected with condition, treatment, or medical history.
- b. No patient identifiable documentation is allowed to be removed from the Ambulance garage and under no circumstances will the patient care report be copied for the student or training agency.
- c. **Any student/observer will be immediately dismissed from the shift upon a breach or probable breach of patient confidentiality. He/She will be ineligible for any further ride time, and their instructor/ educational institution will be notified.**

Leaving Assigned Area

o *Student*
o *Observers*

It is imperative that riders remain in their assigned area or near their assigned ambulance and crew. The rider must notify the crew with intent to be away from the station, ambulance or crew. It is the responsibility of the rider to assure all necessary paperwork and evaluations are completed at the end of a clinical rotation. The Ambulance will not forward clinical evaluation forms to preceptors.

Riding in the Ambulance and Completion of Shift

o *Student*
o *Observers*

At no time will Students/Observers doing clinical ride function as patient care provider while not in the presence of the preceptor. When riding in the patient care compartment, students/observers will sit in the jump seat located at the head of the stretcher unless attending to a patient. **Seat belts will be worn** while the ambulance is in motion, unless rider is actively involved in patient care. **Only trained Ambulance personnel shall operate the vehicle.** Each rider will also agree to complete an entire shift. **No extraordinary scheduling arrangements will be made to accommodate the student or observer.**

It is the student or observer's responsibility to report to a paramedic or EMT a minimum of 15 minutes prior to the start of scheduled shift. It is the student or observer's responsibility for transportation to and from the ambulance garage at the beginning and end of their shift.

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Drugs / Alcohol

- o *Student*
- o *Observers*

Drugs and alcohol are prohibited. Any student/observer displaying signs consistent with drug or alcohol use will be asked to leave Ambulance property. The student's educational representative will then be notified. The Ambulance reserves the right to discontinue the student/observer's ride time when unprofessional behavior is displayed.

Workplace Violence

- o *Student*
- o *Observers*

Reedsburg Area Ambulance Service strives to maintain a violence free workplace. **Any rider who acts in a violent, hostile or threatening manner will be asked to leave immediately.** At the Ambulance's discretion local law enforcement will be contacted. **The Ambulance reserves the right to discontinue the student/observer's ride time when unprofessional behavior is displayed.**

Firearms, explosives, weapons, or cutlery other than trauma shears will not be permitted in the ambulance, station or on Ambulance property.

Conduct

- o *Student*
- o *Observers*

The conduct of the student/observer reflects upon the individual, the Ambulance, ancillary response agencies, and the educational institution. As a result, professional conduct by the rider is of utmost importance both on and off duty. Each rider will represent him or herself in a professional manner and will refrain from inappropriate remarks or gestures, communication with Ambulance employees, management, other health care providers, and in the company of the patient. Students/Observers should be cognizant of items being placed on social media sites and realize they are a representative of the Ambulance, even though they may not be employed by the Ambulance. The Ambulance reserves the right to discontinue, at any time, the rider's privileges should the rider exhibit unprofessional behavior. In order to maintain quality patient care and professional image, riders are expected to adhere to patient and staff relation guidelines.

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Emergency Contact Information:

Name: _____

Relationship: _____

Address: _____

Phone: _____ Alt Phone: _____

Questions and Comments

Reedsburg Area Ambulance Service hopes that each student and observer will benefit from his/her clinical education and that they find their time both fun and educational. In the event a student should have a conflict with one of the selected preceptors, please bring this concern to the attention of a supervisor. Should you have any questions or comments, please feel free to contact Reedsburg Area Ambulance Service either in writing or by phone at the address listed below.

Reedsburg Area Ambulance Service
P.O. Box 412
230 Railroad St.
Reedsburg, WI 53959
608-524-3074

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AGREEMENT AND RELEASE OF CLAIMS

I, _____ request for permission to ride as a guest, herein after referred to as OBSERVER / STUDENT, with Reedsburg Area Ambulance Service and agree to the following:

WHEREAS, I have carefully read, understand and agree to strictly comply with the Reedsburg Area Ambulance Service's Guidelines and Orientation Packet, and

WHEREAS, Reedsburg Area Ambulance Service, is willing to permit the above named OBSERVER / STUDENT to ride in a company vehicle and accompany the EMT's and Paramedics while in the performance of their duties, and:

WHEREAS, the above named individual voluntarily requests to ride as an OBSERVER / STUDENT and realizes the inherent risk to themselves in riding, and accompanying the EMT's and Paramedics, and acknowledges that the work and activities of the ambulance and crews are dangerous. This involves the possible risk of injury / illness, disability, death, damage expense or the loss to person and property, and not wishing to hold officers, agents, or other personnel of Reedsburg Area Ambulance Service responsible for the above, and assuming such risk themselves, and

WHEREAS, it is further understood that the officers, agents, or personnel of Reedsburg Area Ambulance Service shall not be held liable or responsible under any circumstances whatsoever to the undersigned, his / her estate, heirs, beneficiaries, or successors, for any injury / illness to the undersigned's person or property, including but not limited to any damage, expense or loss to person or property, incurred while traveling to and from Reedsburg Area Ambulance Service and while riding along with our personnel, and performing medical and other care, within the scope of this OBSERVER / STUDENT agreement,

NOW THEREFORE, upon signing of this agreement, Reedsburg Area Ambulance Service will make available to the above named OBSERVER / STUDENT, the opportunity to ride as an OBSERVER / STUDENT in Reedsburg Area Ambulance Service with the EMT's and Paramedics of the Ambulance, in abidance by the rules of OBSERVER / STUDENT, you will follow the rules as set forth, and we reserve the right to terminate this agreement at any time with notice.

Signature of Name of Individual

Witness

Print Name

Date

Printed

Date

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Reedsburg Area Ambulance Service Commission Guest/Trainee Confidentiality and Non-Disclosure Agreement

I _____ acknowledge that patients provide and Reedsburg Area Ambulance Service Commission collects personal, confidential information verbally, in writing, and through digital means. I understand and agree that any information pertaining to patients is strictly confidential and protected by federal and state laws and that I will not use or disclose patient information in any way, unless Reedsburg Area Ambulance Service Commission authorizes me to do so.

I agree that I will comply with all HIPAA policies and procedures in place at Reedsburg Area Ambulance Service Commission during my experience as a guest/trainee with Reedsburg Area Ambulance Service Commission. If at any time I knowingly or inadvertently breach patient confidentiality or violate the HIPAA policies and procedures of Reedsburg Area Ambulance Service Commission, I agree to notify Reedsburg Area Ambulance Service Commission immediately.

I also understand that I may be exposed to other confidential or proprietary information of Reedsburg Area Ambulance Service Commission and I agree not to reveal any of that information to anyone at any time, unless I am authorized by Reedsburg Area Ambulance Service Commission to do so. This means that I will not disclose information about Reedsburg Area Ambulance Service Commission's business practices or other information that Reedsburg Area Ambulance Service Commission might consider to be confidential or proprietary.

Failure to uphold these obligations may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of Reedsburg Area Ambulance Service Commission. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient information or confidential or proprietary information in my possession. I understand that any patient or confidential information that I see or hear while a guest/trainee will stay here at Reedsburg Area Ambulance Service Commission when I leave.

I have been given an overview of Reedsburg Area Ambulance Service Commission's HIPAA policies and procedures and have been given access to review those policies and I agree to abide by them.

Signature: _____ **Date:** _____

Name: _____