
	<b>CAROLINE COUNTY</b> <b>DEPARTMENT OF FIRE-RESCUE, AND EMERGENCY MANAGEMENT</b> <b>STANDARD OPERATING POLICY</b>		
	<b>Policy:</b>	Citizen Ride-Along/Observation Program	SOP # <b>102.29</b>
	<b>Scope:</b>	Operational and Administrative Personnel	<b>Career/Volunteer</b>
	<b>Authority:</b>	<b>Jason R. Loftus</b> Fire-EMS Chief 	<b>Effective Date:</b> 1/1/2015 Updated May 1, 2016

**A. PURPOSE**

To establish a standard for the Caroline County Fire Rescue Citizen Ride-Along /Observation Program. The program is to provide the public and students the opportunity to observe activities of Fire and EMS services to gain a better understanding of the duties and responsibilities of fire and EMS personnel.

**B. STANDARD**

It is the Duty Crew Officer in Charge / Attendant in Charge’s responsibility to ensure that all non-department personnel have complied with the Department’s Citizen Ride Along program requirements prior to riding on department apparatus. This includes the completion of request to ride along application, waiver of liability, and HIPPA participant agreement.

Non-department personnel are those individuals who are not affiliated with any agency within the Caroline County Fire Rescue system. This requirement shall only be waived when non-department personnel accompany a patient during transport in an ambulance to an Emergency Room facility. It is the responsibility of the Fire Chief, or his designee, to approve all requests prior to non-department personnel riding on department apparatus. Individuals interested in riding-along on department apparatus who are under the age of 18 shall also obtain a parent or guardian signature on the waiver and must have a public service or agency affiliation (sponsor) to participate in the program. Additionally, individuals participating in ride alongs who are under 18 years of age ride between the hours of 0600 and 2200. Persons under 18 years of age must be out of the station by 2200 or immediately after returning from a call for service. Examples include, but are not limited to, High Schools job shadowing, Fire / EMS class enrollment, work experience, or occupational training programs, etc.

Participants are to act only as observers unless directed by the Officer/Attendant in Charge.

**C. GUIDELINES**

- Initial requests for riding on department apparatus should be made in writing to the Department’s Training Officer utilizing the Department Ride-Along application. Requests should specify the specific station where the observer wishes to ride. Any request should be submitted at least five business days prior to the requested ride-along date.
- Upon approval by the Training Officer, the individual will be required to read and sign the Ride-Along Program HIPPA Participant Agreement and Waiver of Civil Liability forms for period the individual will be riding.
- The original signed forms shall be maintained on file at Fire and Rescue Administration for a period of three years. A copy of the forms shall be forwarded to the appropriate station District Captain/Chief and/or Career Lieutenant.

- Copies of the Ride-Along Application, Ride-Along Program HIPPA Participant Agreement, and Waiver of Civil Liability forms are available at Fire Rescue Administration.

## **D. AUTHORITY AND RESPONSIBILITY**

### **1. Ride-Along Hours / Standards**

- Ride-Along participants are limited to four ride-alongs every 60 days. This time limit may be waived for the purposes of student / provider perception with approval. The Department has the authority to approve or deny any request for participation in this program, or alter such request in the best interest of the department. Students enrolled in an Emergency Medical Technician (EMT) class will be given special consideration.
- With the exception of limited EMS perception, Ride-Along participants shall act as observers, that is, they must not become physically or verbally involved in an incident, unless directed to by a firefighter/EMS provider. Under no circumstances will a Ride-Along participant be permitted to enter a building that is on fire until such time as the Incident Commander has declared the fire under control, all smoke has been cleared from the building, and the building has been determined to be safe for entry by non-operational personnel. Fire department personnel shall directly supervise such entry.
- At the discretion of a released EMS provider / EMS preceptor, EMS student ride-alongs may practice limited skills under direct observation. These skills shall correspond with of the scope of practice and training guidelines associated with the student's education program. The released EMS provider shall be responsible for all care given by the EMS student.
- Failure to follow the directions of the Officer or Attendant in Charge (OIC/AIC) will result in removal of the privilege to participate as a Ride-Along participant.

### **2. Dress and Appearance**

- Riders shall be neat and clean in appearance. Their personal hygiene and grooming must be acceptable to the shift duty Captain and Chief. While participating in the Ride-Along Program, the Rider is, in effect, representing the Department.
- Riders shall wear suitable attire. Dark pants and light plain shirts are recommended (no jeans). No writing or artwork is allowed on clothing, except small brand logos are acceptable. Shorts and tank tops are prohibited. Riders must wear flat, closed-toe shoes (steel-toed is strongly recommended). Ride-alongs from agencies outside of Caroline may wear their agency uniform with prior approval. Student ride-alongs may wear their class uniforms with prior approval.
- Riders shall wear a name badge or observer vest provided by the Department, or other appropriate badge provided by the media, school, or hospital, etc.
- Riders shall wear no jewelry, except a ring and a watch are permitted.

### **3. Other**

- No firearms or other weapons may be brought onto department property or carried during the ride along, unless the participant is currently a certified active police officer with a jurisdiction in the Commonwealth of Virginia.
- No alcoholic beverages or drugs are to be consumed prior to the ride. The smell of alcoholic beverages or marijuana, etc., on the breath will prohibit you from participating.
- Participants shall wear a seat belt as per State Law.
- Participants shall carry a valid Virginia Driver's License or Identification Card with them during the ride along.
- 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. Requests for media ride-alongs will be dealt with separately through the Fire-EMS Chief.
- Ride Along participants will treat PHI (private health information) as strictly confidential. Disclosure of PHI outside of the organizations who are working with the patient is strictly

- forbidden. No response documents or copies, on which individually identifiable information such as name, address, SSN, etc shall be removed, disclosed or transmitted off site.
- g. Use of tobacco products is not permitted in any station or vehicle.
  - h. Ride-Along Participants will be responsible for bringing her/his own meals or can make arrangements to buy-in for meals with officer in charge.

## Caroline County Dept. of Fire and Rescue Ride-Along Application

<b>APPLICANT INFORMATION</b>			
<i>The completed form must be returned to the Training Division at least five business days prior to your requested participation. 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		HM/WK Phone Number	
Place of Employment or School		Gender (circle): Male                      Female	
Position/Title	Major/Study		
Place of Employment/School Address		Business/School Phone #:	
Organization(s) Represented			
What is your interest in participating in this program?			
Date you are requesting to "Ride-Along"	Unit You Wish To Ride	Time you wish to "Ride-Along"?	
<b>Please answer the following by placing a 'Y' for yes, or an 'N' for no, in the box to the right of the question:</b>			
Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such a partner?		Have you ever been charged or convicted of a criminal offense? Please list the offense, date, and location: _____ _____	
Are you under indictment or do you have charges pending in any court for any crime?		Are you currently taking any medication that could impair your judgment in a stressful situation?	
Have you ever participated in this program? If yes, when did you last participate?		Are you an unlawful user of marijuana, any depressant or stimulant, or any controlled substance?	
I have read and understand the procedure for the Ride-Along Program of the Caroline County Department of Fire and Rescue Department. The above information is true and accurate to the best of my knowledge.			
Signature of Applicant: _____ Printed Name: _____			
<b>FOR DEPARTMENT USE ONLY</b>			
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Return completed form to the Caroline County Fire and Rescue - Training Officer.	
Signature: _____		Caroline County Department of Fire and Rescue	
Comments: _____		233 West Broadus Ave	
_____		Bowling Green, VA 22427	
_____		If you have any questions, please call 804-633-9831.	
_____			

Application must be filled out prior to participation.

**CAROLINE COUNTY  
DEPARTMENT OF FIRE-RESCUE & EMERGENCY MANAGEMENT  
WAIVER OF CIVIL LIABILITY  
CITIZEN RIDE-ALONG/OBSERVATION PROGRAM**

In consideration of the Caroline County Department of Fire-Rescue & Emergency Management (hereinafter, the "Department") granting me permission to accompany a member of the Department as a participant in the Citizen Ride-along/Observation Program, I, \_\_\_\_\_, understand that this program is inherently dangerous and I assume all risk of injury. I have been advised and understand that participation in this activity, even as an observer, may expose me to hazardous substances and/or circumstances, including, but not limited to bloodborne pathogens, communicable diseases, and severe weather. To the extent legally permissible, I hereby waive any and all claims and demands, of whatever nature, which I have or may hereafter acquire against Caroline County, Virginia, the Department, and any or all of their servants, agents, employees and officers, as a result of my voluntary participation in the Ride-along Program on the date and time specified. I further agree to comply with all rules of the Ride-along Program and any instructions or orders issued by members of the Department in connection with this program. I hereby acknowledge that I fully understand the consequences of this waiver and that I have signed this as a voluntary and intelligent act on my part.

\_\_\_\_\_  
**RIDE-ALONG PARTICIPANT (Printed name)**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**HOME PHONE**

\_\_\_\_\_  
**WORK PHONE**

\_\_\_\_\_  
**RIDE-ALONG PARTICIPANT (Signature)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN IF REQUIRED**

\_\_\_\_\_  
**DATE**

# **Caroline County Department of Fire and Rescue Ride-Along Program HIPAA Participant Agreement**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended) limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Additionally, the department is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a participant in the department's Ride-Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who will be conducting your ride along activities. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, news articles); the Fire Chief's office will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health-related information may be utilized without review and subsequent authorization of the Fire Chief or his designee.

As a participant in the Caroline County Department of Fire and Rescue's Ride-Along Program, I understand the restrictions outlined above and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996, 2.2-3705.5 (1) code of Virginia and federal regulation 45 CFR 164.502 as amended.

\_\_\_\_\_  
Ride-Along Participant / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Ride-Along Participant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date