

Ashland Fire & Rescue

Rider/Observer Program Guidelines

Please read and understand the following rules and suggestions before committing yourself as a rider/observer with Ashland Fire & Rescue (AF&R). Questions or further clarification should be directed to the on-duty Battalion Chief.

1. **Scheduling:**

1. Rider/Observers will pre-schedule a time with the on-duty Battalion Chief at least one week in advance of their desired ride time.
2. Ride time is typically allowed between 0800 and 2000 any day of the week, except for holidays. Overnight stays are subject to department approval.
3. Citizens are allowed one ride along per calendar year.
4. Students (Middle, High, and College) in specific approved school programs will be limited to (3) three ride along periods. Additional ride time for these students may be scheduled with the approval of a Battalion Chief.
5. When arriving for ride time, check in with the on-duty Battalion Chief. Once ride time is completed, check out with the on-duty Battalion Chief before you leave the station.
6. If a Rider/Observer is unable to keep a scheduled appointment for ride time, it is the student's responsibility to notify the on-duty Battalion Chief (**541-552-2220**) and advise him/her of the situation. Failure to perform this simple courtesy may result in loss of riding privileges.

2. **Dress Code:**

All Riders/Observers must be dressed appropriately: The following is a list of acceptable dress for riding with AF&R.

1. **A blue, black or white button down shirt or polo shirt.** T-shirts, sweaters, baggy clothing are not acceptable.
2. **Dark slacks or jeans, black or blue.** Jeans must be conservative in nature, one solid color, free of wear, free of decoration.
3. **Leather shoes or boots, brown or black in color.** Ankle high leather is preferred. Loafers, sandals, etc. are not acceptable.
4. **Uniforms from other agencies** may be worn with the prior approval of the Battalion Chief.
5. **Jewelry:** Dangling ear rings, facial rings, and other items should not be worn while riding as they pose a safety hazard. Wedding bands are acceptable.
6. **How you smell?** Yes, even your scent is important. Perfumes, colognes and strong aftershave should not be used as it tends to make ill patients nauseated.
7. **Be aware, inappropriately dressed Rider/Observers will not be allowed to ride and may be sent home.**

3. Authority/Supervision:

- A. Any crew may decline a Rider/Observer for any reason. If the rider has already reported for their ride time and is refused, contact the on-duty Battalion Chief as soon as possible.
- B. At no time will Rider/Observers show up at the stations when not previously scheduled, occupy crew sleeping areas, or stay at the station when crews are not present.
- C. Riders/Observers will follow the direction of the assigned crew.
- D. Riders/Observers will not interact with the public, the patient, or other personnel (hospital, fire, police) unless specifically requested to do so by the crew.
- E. Riders/Observers will not use department radios or telephones.
- F. With the exception of the Rider Personal Protective Equipment (PPE), Riders/Observers will not be allowed to wear any part of the AF&R department uniform.
- G. Riders/Observers will not be allowed to operate any department vehicle under any circumstance.
- H. All Riders/Observers must have completed the liability release forms before riding with a crew.
- I. All Riders/Observers must utilize PPE on every medical call. Failure to do so will result in termination of Rider/Observer time.

4. What to bring with you:

- ✓ Appropriate cold weather gear, (gloves, hat, and coat).
- ✓ Food to eat while at the station.
- ✓ Money (just in case you don't get back to the station and would like to eat).
- ✓ Books or study materials.
- ✓ NOTE: Personal cell phones are to be used for necessary calls only.

5. Parking:

Parking at Station 1 is limited to the residential areas around Station 1 (4th and 5th St). Please do not park in the rear parking lot at Station 1 as it is reserved for callback employees. Parking at Station 2 is in the parking lot on Sherwood Street or on Sherwood, next to the park.

Rider/Observer Ride Along Pre-Requisite Checklist

- ___ **Rider/Observer Program Guidelines** (Must be read and understood prior to ride-along)

- ___ **Blood Born Pathogen (BBP) awareness/procedures** (explanation of medical PPE and BBP risks, this can be completed with the Battalion Chief or his designee at the beginning of the ride time)

- ___ **Completed Forms:**
 - ___ **Emergency Contact Form**
 - ___ **Policy on Confidentiality and Patient Information**
 - ___ **Hold Harmless Form**

- ___ **Read the Ashland Fire & Rescue Mission Statement, and AF&R's Values and Expectations**

Please use this checklist to assure all of the necessary information has been received. If you have not completed/received all of the above listed items, please contact the on-duty Battalion Chief for assistance.

When this form is complete, please turn in to the on-duty Battalion Chief.

Emergency Contact Information:

Rider/Observer Name: _____
(First) (Middle) (Last)

Address: _____

Phone: (_____) _____

Oregon Drivers License #: _____

Family or friend emergency contact: _____
(Name)

(Relationship)

(Phone Number)

Personal Physician: _____
(Name)

Allergies:

Medications:

ASHLAND FIRE & RESCUE

Policy on Confidentiality and Patient Information For Ride/Observer Program

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Ashland Fire & Rescue prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited.

I understand that Ashland Fire & Rescue provides services to patients that are private and confidential and that I have a legal responsibility to protect the privacy rights of Ashland Fire & Rescue's patients. I understand that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by Ashland Fire & Rescue during my entire association with Ashland Fire & Rescue. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of Ashland Fire & Rescue immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my association with Ashland Fire & Rescue and/or legal action.

I have read and understand all privacy policies and procedures that have been provided to me by Ashland Fire & Rescue.

Signature: _____

Printed Name: _____

Date: _____

ASHLAND FIRE & RESCUE HOLD HARMLESS AGREEMENT

I, the undersigned, do hereby request permission of Ashland Fire & Rescue to ride, as an observer only, in an authorized Ashland Fire & Rescue motor vehicle. This observation is for my educational benefit. If permission is granted, I agree to adhere to all times, all instructions, orders and commands given me by representatives of Ashland Fire & Rescue.

I realize that situations may arise which might result in my being exposed to the risk of physical harm or injury, including but not limited to, motor vehicle accidents. I further agree to keep confidential anything that I may observe, when requested to do so by members of Ashland Fire & Rescue.

I further understand that I will be a guest passenger in the rescue vehicle in which I ride. I have not offered any payment to Ashland Fire & Rescue or any of its employees, in connection with this opportunity.

I hereby agree to hold the City of Ashland and its employees, and agents, harmless from any and all liability for personal injury to me or to my property, whether proximate or remote, sustained while I am participating in the Rider/Observer Program.

Name (last) (first) (middle) Address

Date of Birth Phone number City, State, and Zip

Signature Date signed

Signature of parent/guardian of minor Date signed

Reason for ride: (i.e., school project, spouse, interested citizen, etc.)

(For Office Use)

Date and time of ride Firefighter assigned

Approved by: _____ Date: _____