Ride- Along Program With Cuba City Area Rescue Squad

Items that are included in this packet and need to be completed:

-Ride Along Program Guideline

-Ride-Along Request Form\*\*

-Ride-Along Release Form\*\*

-Non-disclosure (HIPAA) Agreement for Ride-Along Program with Cuba City Area Rescue Squad\*\*

-Notary Public Certification\*\*

The ones that are \*\* are to be completed and returned to either:

* EMS building
	+ 1013 S Main St Cuba City WI 53807
* City Hall
	+ 108 N Main St Cuba City WI 53807
* Email
	+ CCEMS@protonmail.com

Cuba City Area Rescue Squad

Ride Along Program Guidelines

Purpose:

The purpose of this program is to allow community members or interested parties to observe the duties of the local EMS. The intent is to allow prospective EMT’s the opportunity to experience EMS calls prior to taking class in order to determine whether or not they would be a suitable candidate for membership.

Qualifications:

Any person over the age of 18 that resides in the Cuba City Area Rescue Squad Protection District is eligible for participation in the Ride Along Program, with the approval of the Cuba City Area Rescue Squad Service Director. Each person must agree to follow the program guidelines in order to be considered.

Students under the age of 18 may be approved for the program providing they turn 18 within a reasonable time after the start of the program. Any student to be considered for the program must have written consent from a parent or guardian.

Guidelines:

1. Ride along participant (RAP) is any provisional member who has neither a temporary license nor certification, but wishes to respond to calls to observe and gain experience. An RAP has no voting privileges or active member privileges.
2. The following guidelines have been designed to protect the health and safety of prospective members while continuing to deliver quality patient care. Any RAP that refuses to follow these guidelines will be removed from the program immediately.
3. All RAPs must sign the Ride Along Release Form and Non-disclosure (HIPAA) Agreement Form prior to starting the program.
4. All RAPs will follow the same drug and alcohol policy as the EMTs: absolute sobriety during all EMS calls.
5. No more than two RAPs will be allowed to go on any single run.
6. Radio usage shall be as follows:
	1. Pick up one of the program’s designated radios at the Rescue Squad shed and complete the checkout sheet.
	2. An allowable time frame for usage will be determined by the Service Director at the start of the program and will depend upon the number of participants at the time.
	3. Prior to first time a radio is checked out, radio functions will be discussed with the RAP by the Service Director.
	4. A RAP will only be allowed to talk/use the city channel unless instructed by the crew chief of a call.
7. The crew does not have to wait for the RAP to respond to the garage if full legal crew is present and ready to go. They may wait, at the crew chief’s discretion if the call is not 10-33 (emergent).
8. The RAP will not respond with red lights and must observe all traffic rules and speed limits.
9. Because the RAP has not been trained in patient care, the RAP will abstain from ANY patient care until training license is obtained. The only exception would be if any bystander might be asked to assist, the RAP would take precedence, but they MUST WAIT TO BE ASKED. In the event a crew member (unsure of RAP or licensed status) should request hands to help with a patient, the RAP should decline or state to the EMT, “I’m an observer only.”
10. The RAP is an observer ONLY, in regards to patient care. But, crew member may ask them to obtain needed equipment from the ambulance or to retrieve it while EMTs are loading the patient.
11. The RAP will NEVER approach or ENTER a wrecked vehicle.
12. The RAP may not fill out the run sheet, but may observe, or take notes if requested by crew member
13. A RAP must remember that at all times patient information is confidential and that by releasing the names of patients of any patient health information may be a violation of State Law (HIPAA). If a RAP feels the need to discuss a run, they may do so with any Cuba City Area Rescue Squad member. (Attached is the HIPAA law)
14. The ride along agreement is good for one (1) year and can be reviewed at the end of the year with RAP and Service Director and/or Cuba City Area Rescue Squad officers.
15. The RAP can only respond to a call depending on the crew chief’s discretion regarding the type of call.
16. The RAP MUST wear clothing that is business casual. Close toed shoes are required at all time.

Ride-Along Request Form

Thank you for your interest in Cuba City Area Rescue Squad Ride-Along Program!!

Before you can participate as a ride-along, you must complete and submit this application form, listing your personal information and the request date(s) and time(s) of the ride-along. Return this completed form to the EMS Service Director or to City Hall at least three (3) days prior to the date that you request to ride along.

The Service Director will notify you of your application status. Upon approval of request please report to the Cuba City Area Rescue Squad building (park in the parking lot) 10 minutes prior to the start time of your ride-along. Please dress accordingly to the weather; there is a chance you could be out in it all day. Required to have closed toed shoes on at all times. Upon your arrival, the Service Director will brief you on any special information that you need to know concerning this agreement. Please keep in mind that what you see and hear concerning patients, victims, and incidents must be kept confidential. NO cellphone use will be allowed on calls.

Applicant Date of Application

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested Date and Hours

 Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Driver’s License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested EMS Member (if any)

 Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Director**

 Approved

 Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Director Signature

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any conditions that are unique to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cuba City Area Rescue Squad

Ride Along Release Form

In consideration of being allowed to accompany Cuba City Area Rescue Squad personnel on ambulance calls and otherwise participate in the Ride-Along Program.

I, the undersigned, binding my heirs, personal representatives, trustees, administrators, and assigns, do hereby release and agree not to hold liable, Cuba City Area Rescue Squad, its members, agents, and employees from any and all actions, claims, injuries or death sustained to me or my property while participating in the Ride-Along Program. I further agree, binding my heirs, personal representatives, trustees, administrators, and assigns, to indemnify, hold and save harmless Cuba City Area Rescue Squad, its agents, members, and employees from any liability, action, claim, damage, award or judgment incurred or suffered by the Cuba City Area Rescue Squad or individuals as a result of any act of omission by me or caused by me while participating in the Ride-Along Program.

In addition, I make the following representations and acknowledgements upon which I intend the EMS service to rely:

I realize and agree that while participating in this Ride-Along Program, I will not be an agent, servant or employee of the Cuba City Area Rescue Squad and therefore will not be covered by Cuba City ambulance protection district for any worker’s compensation, death, or disability benefits;

I realize that as an inherent of this Ride-Along Program, I will at unpredictable times be placed in both foreseeable and unforeseeable positions of considerable danger and agree that neither the Cuba City Area Rescue Squad nor any of its officers or employees shall be obligated to take any steps or actions to protect my person or provide a means of withdrawal or retreat for me, and release them of any duty to do so;

I agree that any information I may gain, through participation in this Ride-Along Program will be used by me only for my personal educational purposes except where I am summoned as a witness in any administrative or court proceeding;

I understand that my participation in the Ride-Along Program is a privilege subject to revocation at any time by a Cuba City Area Rescue Squad officer.

Signature of Ride Along Participant and date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian (if participant is under 18 years)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Cuba City Area Rescue Squad Service Director

Non-disclosure (HIPAA) Agreement for Ride-Along Program with Cuba City Area Rescue Squad

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that, in consideration for Ride-Along Program with Cuba City Area Rescue Squad, I will:

1. Keep all information obtained during the Ride-Along Program, relating to but not limited to; patient care information, call information, things completed on and off the call. There is to be no discussion with calls outside of the crew that is on that said call.
2. Follow and comply with The Health Insurance Portability and Accountability Act of 1996 (HIPAA). A copy of the Summary of the HIPAA privacy rule pamphlet will be provided.

With my signature I acknowledge that I have read and fully understand all contents thereof, and agree to comply with them as written.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (applicant) Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Service Director) Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Notary Public Certification

I, the undersigned in and for consideration of the City of Cuba City providing for me to ride as an observer in a Cuba City Area Rescue Squad vehicle while such vehicle is used for EMS functions, do hereby release and forever discharge and covenant to hold harmless, for me and my heirs, personal representatives, administrators, successors, and assignees, and all other persons, firms, and corporations, of and from any and all liability for any and all claims, demands, damages, costs, liabilities, losses, and causes of action, which might arise incidental to my accompanying such squad members in such vehicle and on such occasion on which I ride as an observer.

I also understand that EMS activities, by their very nature, can and might involve some danger. As a condition to being granted this ride-along privilege, I hereby full assume the risk for any potential dangers which are associated with EMS activities. I also understand that there might be times that, should an incident appear to be a potential hazard to me or place me in imminent danger, the EMS officer/member will request my absence from the scene. By my signature herein, I agree to the decision(s) and action(s) that the EMS member makes regarding me, realizing that those decision(s) and action(s) are made with my safety in mind.

I further agree to fully indemnify the City of Cuba City, the Cuba City Area Rescue Squad, and any and all of their officers, agents, or employees, from any and all third-party claims, demands, or actions for damages, costs, liability, and losses of any kind which result from an injury due to actions or omissions on my part at any time during which I am participant in this ride-along program.

I further understand that the privilege and authorization which is granted to me by the approval of this *Release and Indemnification Agreement* my be revoked at any moment, if in the opinion of the supervising EMS officer or any squad member, my actions constitute a hazard or hindrance to any aspect of EMS duties.

I further avow that no promise or inducement has been offered me except as is set forth herein, and that this *Release and Indemnification Agreement* is executed without reliance upon any statement or representation by the persons or parties released, or their representatives, concerning the nature or extent of any potential damages or legal liability thereof, and that I am legally competent to execute this document.

**Notary Public Certification**

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ year of \_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ year of \_\_\_\_\_\_

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_