



Queen Anne's County Department of Emergency Services Standard Operational Guidelines



Section: <u>100 General Administration</u>	Date Approved: <u>3/14/2000</u>
Subject: <u>Ride-Along Packet</u>	Date Revised: <u>0914/2019</u>
Division: <u>EMS</u>	Approved By: <u>S. Haas</u>
Section: <u>EMS Operations</u>	Policy Number: _____

1. Purpose

1.1. The Ride-Along Program allows students, providers, and citizens to voluntarily accompany employees to observe Queen Anne's County (QAC) Department of Emergency Services (DES). This program is designed as an educational program to allow students to participate in a clinical learning environment or interested persons to observe the services provided by this department.

2. Eligibility

2.1. Any person, who desires to, may ride-along with a QAC DES employee to observe operations of the emergency services department and become familiar with its physical organization. This may include local or out-of-town residents, students or EMS providers from other agencies.

2.2. To participate, all potential riders must meet the following criteria:

2.2.1. Be at least sixteen (16) years of age or older.

2.2.2. If the rider is under the age of eighteen, unless emancipated, a parent or guardian must sign the waiver form.

2.2.3. Riders shall have no active warrants or charges or convictions for serious misdemeanor or felony crimes to include: assault/battery and/or weapons charges. Records of such would be grounds for denial.

2.2.4. The rider should be of good character, not likely to endanger the safety of the public, provider or him/herself.

2.2.5. Specific purposes for the ride-along must be included in the Ride-Along Application. Riders may desire to ride-along simply for an orientation to QAC DES or may be required to ride-along in a formally structured training program.

- 2.2.5.1. Anyone wishing to ride in a formally structured training program is required to submit their own list of objectives to accomplish throughout their ride-along. The rider must be in possession of this documentation throughout their assigned ride-along.
- 2.3. Those students participating in an EMS educational program must submit appropriate documentation of their educational level and will be assigned with a departmental mentor unless otherwise requested.
- 2.4. The Department of Emergency Services reserves the right to deny and/or revoke rider status for any applicant without cause and without the right of appeal.

3. Ride-Along Request

- 3.1. Persons wishing to participate in the ride along program may pick up the appropriate forms at any QAC DES Station during the hours of 8:00 a.m. to 4:00 p.m. Monday through Friday. Ride along packets may also be obtained electronically via email or the department's website. These forms include:
 - 3.1.1. QAC DES Ride Along Application.
 - 3.1.2. QAC DES Release and Waiver.
 - 3.1.3. Authorization for Criminal Records/Warrant Check.
 - 3.1.4. Blood borne Pathogens Verification Form (not mandatory for observers).
 - 3.1.5. Student Verification Form.
- 3.2. Completed request forms must be returned at least 10 days before desired start date. At the time of packet submittal prospective ride should include desired shifts, including time and date for scheduling purposes. The forms referred to herein are found at the end of this guideline. All forms will be read in full by the appropriate parties and will be signed at the bottom to acknowledge the restrictions and limitations.
- 3.3. All rider schedules must be approved by the program administrator. Once approved the rider will be assigned ride time and listed on the DES Schedule. The rider may request to ride in a specific area or with a particular employee. If convenient to the department and conditions permit, the request may be granted.
- 3.4. In order to be approved as a rider the requesting person should have a valid reason for the ride-along request, have no outstanding charges or warrants, and have no convictions for crimes that would make him/her unsuitable for the ride-along. For example, a history of convictions for serious misdemeanor or felony crimes, batteries on law enforcement or EMS officials, convictions for controlled dangerous substances, or weapons charges would be grounds for denial.

- 3.5. If the ride-along candidate does not clear the records check, he/she will be notified accordingly.
- 3.6. Riders will be posted on Aladtec at least one shift prior to the scheduled shift or the employee(s) will be notified via Aladtec message. If there is a conflict the provider should contact their immediate supervisor to make other arrangements for the rider.

4. Dress

- 4.1. Since the public may view rider as representatives of the local government, an established dress code will be enforced. Appropriate apparel with a neat and clean appearance will be expected and subject to the approval of the on-duty provider.
- 4.2. Any clothing that would create a perception that the rider is a County employee will be prohibited. This will include shirts with QAC DES/EMS providers' logos or writings, etc.
- 4.3. It is the responsibility of the rider to provide his/her own appropriate dress.
- 4.4. Riders must maintain a neat appearance. A preferred uniform would include black shoes or boots, black belt, black socks (if visible), blue or black trousers and their approved departmental shirt (i.e. golf or job shirt with department/company logo consistent with 4.2 above). Those not affiliated with another public safety entity shall dress in a professional manner and all clothing will be free of any controversial language, symbols, etc. The Duty Officer for the respective division will have the right to dismiss any rider that does not maintain a professional appearance.
- 4.5. Riders will be strictly prohibited from wearing shorts, skirts, or open toed shoes.

5. General Procedures

- 5.1. All DES units will have a visitor's Personal Accountability Tag (PAT) will be assigned to the rider when accountability protocols are implemented. It is the responsibility of the employee in charge to explain the purpose of the PAT tag and directions for use of the PAT tag.
- 5.2. Hours for the Ride Along Program are from 0700 hours until 1900 hours unless otherwise authorized.
- 5.3. DES units will not delay a response to wait for or pick up a rider.
- 5.4. The supervisor in charge of Ride-Along Programs will have the responsibility of keeping records of all Ride-Along Application approvals and rejections in addition to the frequency of ride-along participants.
- 5.5. All approved riders will be permitted to ride for one year with QAC DES. After the completion of the one year approval subsequent ride alongs will require the full completion and submittal of an updated ride along application.

6. Beginning of Shift

- 6.1. The rider should report to the appropriate DES location prior to the time he/she is scheduled to ride.
- 6.2. A review of the rules should be done with the rider to be sure that all of the rules are understood.
- 6.3. The assigned employee shall instruct the rider on the following procedures:
 - 6.3.1. The rider may be required to appear as a witness in court.
 - 6.3.2. The rider may end the ride whenever he/she wishes, but is expected to stay until their completion of their originally assigned time otherwise it will be documented by the Duty Officer of the division.
 - 6.3.3. The employee should explain the emergency equipment in the vehicle and the purpose it serves. Riders will be instructed not touch any of this equipment unless specifically instructed to do so by the provider.
 - 6.3.4. If standards are not adhered to the Duty Officer of the division may cancel ride-along approval.

7. Rider Conduct

- 7.1. Riders shall at all times remain under the complete control of the assigned employee and shall comply with all directions and requests.
- 7.2. Riders shall not interfere with the employees while in the performance of their duties or in-patient care in any way by conversing or treating patients or handling emergency equipment, or participating in any emergency services provider's activity unless directed to do so by the assigned employee.
- 7.3. Due to protective gear requirements, riders will not participate in any operations considered by the assigned employee to be an Immediately Dangerous to Life or Health (IDLH) environment. Riders shall remain at the assigned unit until IDLH operations have ceased.
- 7.4. No alcoholic beverages or drugs are to be consumed prior to the ride. If the use of alcohol or any illegal substance is suspected the ride will be terminated.
- 7.5. Photographs or recording of any kind will be prohibited.
- 7.6. The rider should be in good health. No one with severe illnesses will be permitted to ride-along.
- 7.7. Any information regarding patient care is confidential in nature and the rider shall not discuss that information with anyone outside of the Department of Emergency Services.

7.8. The rider is expected to adhere to all state/ local laws while participating in the program (e.g., use of seat belt).

8. Procedures for Family Members

8.1. Members of a provider's family or acquaintances will be allowed to participate as an observer with the approval of the Ride-Along Program Administrator.

8.2. Riders will normally be limited to once each 90 days for the individual member of a provider's family or their acquaintances.

8.3. All other rules of the Ride-Along Program will apply.

9. Injury

9.1. If the rider is involved in an auto accident, normal departmental procedures and notifications should be followed. If the rider is injured and medical care is requested, the rider will be treated at any appropriate medical facility. The rider must complete an accident questionnaire located in the Accident Reporting Kit in each vehicle.

9.2. In the case of an automobile accident, the Local Government Insurance Trust (LGIT) offers Personal Injury Protection (PIP). This coverage affords up to \$2,500.00 for all reasonable expenses incurred only by a passenger or guest of the named insured. Reasonable expenses are defined as necessary medical, surgical, X-ray, dental, ambulance, hospital, professional nursing and funeral services.

9.3. PIP applies to automobile coverage and is considered "goodwill coverage." This coverage is not necessary for local governments to purchase. The goodwill protection afforded by this endorsement offers medical expenses to an individual with proof of medical costs.

9.4. Riders are not county employees therefore will not be covered under the county's workers compensation coverage.

Queen Anne's County Department of Emergency Services Ride-Along Release and Waiver



CAUTION! READ THIS DOCUMENT IN FULL BEFORE SIGNING.

Whereas, I, _____ being/not being over the age of eighteen and not being an employee of the Queen Anne's County Department of Emergency Services, local government, I have made a voluntary request to ride as a guest in an Emergency Services vehicle and to accompany a member or members of the emergency services department during the performance of their duties; and I agree:

That I am aware that the work of the emergency services department is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the emergency services department and that I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property damage arising from or in arising from or in any way connected with such activity, including the use of weapons, unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire, explosion, gas, electrocution, motor vehicle crash or the escape of radioactive substances while accompanying a member or members of the emergency services department.

That the local government, the city/town/village, council, manager, commissioner, its employees, emergency services providers, all members of the emergency services providers department and each of them, shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while riding in any vehicle assigned to the local government or while accompanying any member or members of said department and resulting from any negligent act or omission on the part of any member of the emergency services providers' department whether within or outside their scope of employment.

For myself, my heirs, executors, administrators and assigns to release, indemnify and hold harmless the local government, the city/town/village, council, manager, commissioner, its employees, emergency services providers in the local government, and each of them against any and all manner of actions, causes of action, suits, debts, claims, demands, liability or expense and all manner of actions, causes of action, suits, debts, claims, demands, liability or expense of every kind and nature incurred or arising by reason of actual or claimed negligent or wrongful act or omission while riding in any vehicle assigned to the local government or while accompanying any member or members of said emergency services providers' department.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

CAUTION! READ THIS DOCUMENT IN FULL BEFORE SIGNING.

Rider Name (Print)

Name of Parent/Guardian
(If signee is a juvenile)

Rider Signature

Signature of Parent/Guardian
(If signee is a juvenile)

Rider Date of Birth/Age

Date

Queen Anne's County Department of Emergency Services
Ride Along Application



Disclaimer: Failure to print legibly will be grounds for denial

Legal Name: _____

Address: _____

Rider Information

Date of Birth: _____ S.S. Number: _____

Cell Phone Number: _____ Cell Carrier: _____

Driver's License Number: _____ State: _____

E-Mail Address: _____

Previous or Maiden Name: _____

EMS Certification/License

Affiliation Number: _____ Company Number: _____

Provider Number: _____ EFF: _____ EXP: _____

Other Affiliations (if any): _____

Emergency Contact Information

Name: _____ Phone Number: _____

Address: _____

Reasons for Request

Student Observer Clearance Request Other _____

**Do you have any pending or prior convictions other than traffic offenses?
(if so please list)**

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Ride-Along Signature: _____

Date: _____

Office Use Only

Reviewed by: _____

Date: _____

Disposition: Approved Denied

Internal Comments/Reason for Denial: _____

**Queen Anne's County Department of Emergency Services
Blood borne Pathogens Verification**



I, the undersigned, verify that I have received training on the subject of blood borne pathogens within the last twelve months. This training meets or exceeds the current OSHA 1910.1030 standards and I have attached a copy of the course verification to this form.

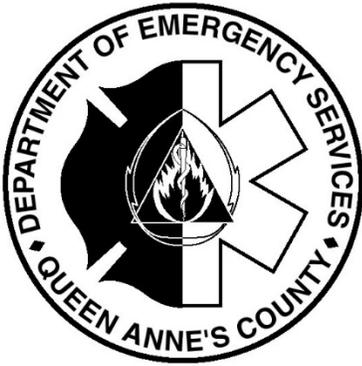
Rider Name

Date

Rider Signature

Date/Location of Training

**Queen Anne's County Department of Emergency Services
Authorization for Release of Personal Information**



I, _____ do hereby authorize the Queen Anne's County Sheriff's Office and/or the Queen Anne's County Department of Emergency Services, it's employees, agents and/or assigns to review any and all records concerning me, whether the said records are public, private or confidential in nature regarding education, employment, criminal and traffic, financial, credit and military records.

I authorize any person to whom this release is presented, to make a full disclosure regarding the above records and to provide the Queen Anne's County Sheriff's Office and/or the Queen Anne's County Department of Emergency Services, it's employees, agents and/or assigns, information to include but not limited to, letters of reference, evaluations and ratings, credit reports, financial statements, records concerning real and personal property titled to me or which I may be the beneficial owner, and records of complaints which may have been lodged by or against me. I understand that the results of such disclosures are a confidential nature, and cannot be revealed to me. I agree to indemnify and hold harmless the person to whom this release is presented, their employees, agents and assigns, from any and all claims or causes of action arising hereunder.

Rider Signature

Date

Date of Birth

Social Security Number

Queen Anne's County Department of Emergency Services
Student Skills Verification



I, _____, do hereby verify that

Instructor Name

_____ is currently enrolled in the _____

Student Name

Course Title

at _____.

Training Center Name

This student is currently cleared to perform the following skills or procedures:

Skill/Procedures	Instructor Initials	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructor Signature

Date

Primary Phone Number

Secondary Phone Number

