
		King George County Department of Fire, Rescue & Emergency Services STANDARD OPERATING PROCEDURES	
		SOP #: T-07-0005 Original Effective Date: December 1, 2008	
Section: Training		Revision Date: April 5, 2021	
Subject: Ride-Alongs/Precepting			
Signature of Approval: County Fire / Rescue Chief		 David W. Moody, EFO, CFO	
This policy is for internal use only and does not enlarge an employee's/member's civil liability in any way. This policy should not be construed as creating duty to act or a higher duty of care, with respect to third party civil claims against employees/members or the department. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.			

PURPOSE

This policy shall provide guidance for the Ride-Along Program for individuals to ride-along on certain King George apparatus. This Program is conducted with regard to public interest, education and training.

POLICY

King George County Fire, Rescue & Emergency Service's (Department) Ride-along Program provides an avenue for non-members and members in a non-operational status of the department to be able to submit a ride-along application in order to act in either one of two capacities:

- an observer (ride-along) or,
- as a student from an EMS certification course that needs to obtain patient contacts for the class they are currently enrolled in.

Precepting operational members of the department shall follow the Scheduling and Expectation portion of this policy, foregoing the Ride-along Application step.

PROCEDURE

1. APPLICATION

- 1.1 All non-members and members in a non-operational status of the department requesting to participate in the Ride-Along Program must complete and obtain notarization of the application, which consists of the following documents:

1.1.1 Ride-Along Program Application

1.1.1.1 Applicants must be 16 years of age or older, and applicants that are 16 or 17 years of age must have a parent/guardian co-sign all sections of the application.

1.1.1.2 All applicants/co-signers must have read, understood and agreed with the conditions placed on their participation in this program.

1.1.1.3 A Ride-Along will act solely as an observer. An observer is defined as any non-member of the department that has interest in fire/rescue operations that is not currently enrolled in an EMS certification course, and/or a member of the department that does not currently possess either a King George BLS Release or REMS ALS Release certification and is not currently enrolled in an EMS certification course. Observers are strictly prohibited from providing any and all types of patient care, including but not limited to: obtaining vitals, administering medications and/or performing any procedures, or submitting ePPCR's during the Ride-along shift. Observers must wear a supplied King George uniform T-shirt to signify that they are observing only.

1.1.1.4 Students from outside agencies that are not members of the department may apply for Ride-along shifts in order to obtain the required patient contacts needed for the course that they are currently enrolled in. Students must submit proof of enrollment from their program director in conjunction with their application. Students shall wear steel-toed boots, station workpants/EMS pants and a polo shirt, or their current class-issued student shirt, none of which is supplied by the department.

1.1.2 Ride-Along Program Waiver & Release

1.1.3 Confidentiality Agreement & Statement of Understanding

- 1.2 All components of the completed Application shall be submitted to the Training Department for processing.
- 1.3 The Training Division will contact the applicant upon review of the Application to confirm approval and to schedule ride-along shifts.
- 1.4 Ride-along applications are valid for up to one (1) year from the date that the application was approved by a Training Officer. Requests to schedule ride-alongs that are submitted after the one-year expiration date will be denied, and the observer/student will need to re-apply.

2. SCHEDULING

2. 1 Scheduling will be contingent upon the availability of preceptors and the needs of the department. Members of the department, and members that are obtaining patient contacts for class and/or precepting for release take precedence. Scheduling will then occur on a first-come first-served basis, though every attempt will be made to accommodate preferences.
2. 2 Once the application has been approved, the ride-along or precepting student shall provide the Training Department with available date(s), and start and end times for each requested shift. The ride-along may also indicate a preference for a station, shift or preceptor.
 - 2.2.1 Daily shifts in King George county last 24-hours in duration, and begin at 7:00 am each day with apparatus check-offs. While ride-along shifts may be scheduled at any interval, ride-alongs are encouraged to participate in all daily shift activities that will further enhance their familiarity with the equipment and operations of the unit.
 - 2.2.2 Shifts can be requested by an approved ride-along that is eighteen (18) years of age and older to be scheduled at any King George fire station. For approved ride-alongs that are of the ages of 16-17, shifts may only be scheduled at a King George fire station that is staffed with a supervisor during the time of the shift.
 - 2.2.3 Ride-along day shift times may begin and end at any time during a daily shift for ride-alongs that are eighteen (18) and older. Night-time shifts shall not have a start time between the hours of 9:00pm – 6:00am. Maximum ride-along hours for one scheduled shift are thirty-six (36) hours, and an eight (8) hour break must be taken away from the stations prior to beginning another scheduled shift.

- 2.2.4 Overnight stays at the fire/rescue facilities are not permitted for ride-alongs that are of the ages of 16-17. In addition, they shall not be permitted at any fire station after 10:00 pm on school nights, and after 12:00 am on non-school nights.
- 2.2.5 King George reserves the right to change, cancel or postpone any scheduled shift for any reason. Should this occur, notification will be made to the ride-along at the earliest possibility by a station supervisor or the Training Division.
- 2.2.6 Observer ride-alongs may schedule a shift on any staffed vehicle/apparatus in the department.
- 2.2.7 Student ride-along's that are obtaining patient contacts may only schedule shifts on a transport unit with occasional exceptions as outlined below. Student ride-alongs shall provide a status of what their program director has approved the student to perform at the beginning of each shift. Student ride-alongs shall also complete all patient contact documentation prior to leaving their scheduled shift.
- 2.2.8 Student ride-along's will only be approved for ride-alongs on non-transport units on a case by case basis. As a general rule, this is not allowed. There may be circumstances that arise where this would prove beneficial, however that would be the exception. For Department/REMS Council ALS/BLS release, this is not authorized. Anyone wishing to ride-along on a non-transport vehicle must submit a request to the Training Division for consideration and approval. This request should include pertinent documentation, such as a letter of approval from the mentee's Program Director explicitly stating that they are authorized to mentor on non-transport units.
- 2.2.9 Should the ride-along need to deviate from a scheduled shift, notification shall be made from the ride-along to the supervisor and the Training Division. Notification must be made as soon as the deviation is known.
- 2.2.10 Ride-alongs should arrive promptly at the beginning of their scheduled shift. In most cases, a single transport in the county can last 2 hours or more on average. If a ride-along misses their apparatus, it is at the discretion of the supervisor to rendezvous the unit with the ride-along, to have the ride-along wait, or to have the ride-along leave the station.

3. EXPECTATIONS

- 3.1 All ride-along's and students must abide by the Standard Operating Procedures that are set forth by the King George County Department of Fire, Rescue & Emergency Services.
- 3.2 Ride-along's and students shall report to the staffed supervisor when arriving for the scheduled shift, and upon departing from the station to maintain accountability.
- 3.3 Ride-along's and students should expect to be a part of the crew that they are scheduled to staff with, and shall perform all duties that the crew performs to the best of their ability. **AT NO TIME** should a ride-along be considered part of minimum staffing of a unit.
- 3.4 Freelancing is strictly prohibited. Ride-along's and students shall adhere to the Chain of Command and comply with direction they receive from the AIC/Preceptor and/or shift Supervisor(s) in concordance with the Department SOPs.
- 3.5 No student or observer will fill out pre-hospital patient care reports. A blank PPCR may be provided for the student to practice their documentation techniques, however the official/legal document will be written by the attendant in charge of patient care. All documentation completed by the student containing patient identifiers will be properly disposed of prior to the end of the rotation.
- 3.6 Non-members shall not be given key-card access to the fire stations, and at no time should non-members be alone at any station. Access to the stations is impinging upon a crew being available at the station to give access. At certain times during high call volumes, a ride-along may not be able to access a station.
- 3.7 Any ride-along who willfully violates these regulations or brings discredit to the department, shall not be allowed to return for additional rotations. The preceptor is directly responsible for the actions of the student.
- 3.8 Ride-alongs should familiarize themselves with general Infection Control and HIPAA practices prior to riding along.
- 3.9 Photographs / digital images may only be taken by personnel authorized to do so, and shall be limited to business related reasons. Images shall only be taken with department owned, leased or approved devices.



**King George County
Department of Fire, Rescue and Emergency Services**

RIDE-ALONG PROGRAM – APPLICATION

Applicants for the Ride-Along Program status must complete the following:

1. Ride-Along Program Application
2. Ride-Along Program Waiver & Release
3. Confidentiality Agreement & Statement of Understanding

The Application, Waiver & Release and Confidentiality Agreement must be completed by all persons requesting to participate in the Department of Fire, Rescue and Emergency Services (“Department”) Ride-Along Program (“Program”).

If the applicant is under 18 years of age, the applicant and a parent or legal guardian must co-sign all documents indicating they have read, understood and agreed with the conditions placed on their child’s participation in this Program

No application will be processed unless all documents are fully executed.

Once the application has been processed, the applicant will be contacted by telephone or e-mail prior to the requested ride-along date and informed if the application was approved. All telephone notifications are to be made to the telephone number indicated on weekdays during the hours of 8:00 a.m. to 4:30 p.m.

This Program is voluntary and is conducted in the interest of public interest and education. The Department reserves the right to exclude, limit and/or terminate any person from participation in this Program at its sole discretion.

Full Name: _____

Home Address: _____

Date of Birth: _____ Social Security #: _____

Home Telephone: _____ Work Telephone: _____

Email Address: _____

Are you a member of a civic association or business employee? _____

If yes, give name and position in organization: _____

Are you a student of an EMS Program?: Y / N Level of Class?: Basic Advanced Paramedic

If yes, please provide contact information for the EMS Program: _____

Reason you request to ride: _____

Have you previously ridden with this department? Yes ___ No ___ Number of times: _____

Have you previously been refused participation in this program? Yes ___ No ___

Approximate date of refusal: _____

Reason for refusal: _____

In the event of an emergency, the following person(s) may be contacted:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

I affirm that the information provided in this application is true and correct to the best of my knowledge and belief:

Signature (Notary required): _____ Date: _____

Telephone: (Home) _____ (Work) _____

***IF APPLICANT IS UNDER 18 YEARS OF AGE, THE INFORMATION BELOW IS REQUIRED:**

I am the parent or legal guardian of _____,
who is requesting to participate in the Ride-Along Program of the George County Department of Fire, Rescue, and Emergency
Services. I hereby give my permission for _____ to participate in the Ride-Along Program and
agree to all the terms set forth above.

I have read and understood all of the terms and conditions of the Application, Waiver & Release, Confidentiality Agreement and
other Program documents; and I have reviewed them with my child. I agree to these terms and request permission for my child to
participate in the Program.

(Signature of Parent or Guardian – Notary required)

(Date)

COMMONWEALTH OF VIRGINIA,
COUNTY OF KING GEORGE, to-wit:

The foregoing Ride-a-Long Program Waiver & Release was acknowledged before

me this _____ day of _____, 20____, by:

_____.

My commission expires: _____ Reg. #: _____

NOTARY PUBLIC

King George County
Department of Fire, Rescue, and Emergency Services

RIDE-ALONG PROGRAM - APPLICATION

WAIVER & RELEASE

In consideration of the County of King George and King George County Department of Fire, Rescue, and Emergency Services ("Department") granting me and/or my child permission to accompany a member of the Department as a participant in the Ride-Along Program ("Program"), I, on behalf of myself and/or my child, hereby waive any and all risks of harm and liability for damages, losses, personal injuries or death and/or property damages which I and/or my child might suffer, sustain or cause while participating in the Program. I further waive any and all claims, demands, actions, damages, or suits of law or equity of whatever nature which I and/or my child have or may ever have against the County of King George, the Department, and its or their elected officials, officers, volunteers, employees, departments, Offices and agents of all kinds, as a result of and/or in a way connected with my voluntary participation in the Program; and I hereby hold harmless such persons and entities.

I and/or my child further agree to hold the County of King George, the Department, and its or their elected officials, officers, volunteers, employees, departments, Offices and agents of all kinds, harmless, to pay all damages and to defend them against all claims of any kind, wherever and whenever brought or asserted; as a result of and/or in a way connected with my voluntary participation in the Program.

I further agree that I and/or my child will comply with all rules and regulations of the Program and any instructions or orders issued by members of the Department in connection with the Program. I certify that I and/or my child are fully aware of the risk involved in accompanying an employee during the performance of his/her duties.

I hereby acknowledge that I and/or my child fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part.

Date: _____
(Signature – Notary required)

(Print Name)

(Street Address)

(City, State & Zip)

COMMONWEALTH OF VIRGINIA,
COUNTY OF KING GEORGE, to-wit:

The foregoing Waiver of Civil Liability & Indemnification Agreement

was acknowledged before me this ____ day of _____, 20__, by:

_____.

My commission expires: _____ Reg. #: _____

NOTARY PUBLIC

Approved:

_____ Observation Only

_____ Supervised Participation

Training Officer/Assistant Training Officer _____ Date _____

Confidentiality Agreement

I _____ and/or my child understand that King George County Department of Fire, Rescue and Emergency Services ("Department") provides emergency and medical services to patients that are private and confidential and are protected by a host of local, state and/or federal laws.

I and/or my child understand that I may obtain personal patient information and that such information may exist in a variety of forms such as electronic, oral, written or photographic. I and/or my child understand and agree to keep all such information strictly confidential and protected from improper use and disclosure.

I and/or my child will comply with all confidentiality and security policies and procedures set in place by the Department. If at any time I and/or my child knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I and/or my child agree to notify the Privacy Officer of the Department immediately.

I and/or my child also understand that I and/or my child may be exposed to other confidential or proprietary information of the Department and/or law enforcement and I and/or my child agree not to reveal any of that information to anyone at any time.

I and/or my child have been given an overview of the privacy policies and procedures and have been given access to review those policies. I and/or my child agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe Department activities will be terminated.

Signature: _____ Date: _____

Name: _____

STATEMENT OF UNDERSTANDING

I, _____ have read and understand the rules and regulations provided to me by the department.

____ I agree to abide by these rules and regulations and to follow the directions of the Officers appointed over me during participation with this Ride-Along program.

____ I understand that if I do not abide by these rules and regulations that it may result in immediate removal from the apparatus, station(s) and/or from the ride-along program.

Signature of Applicant: _____

Date: _____

Signature of Parent/Guardian if under 18 yrs old _____

Date: _____

Administrative or ATO Signature: _____

Date: _____