
Ride-Along

OBJECTIVE:

To establish a program whereby an observer from another agency may observe operations of Capital City Fire/Rescue for educational purposes, in a safe manner; while protecting the rights of others and operating in accordance with CCF/R SOGs.

GUIDELINE:

- 41.1** Capital City Fire/Rescue ride-along program is provided as an educational program for persons over the age of 18.
- 41.2** Participants from other emergency agencies such as fire departments, EMS services, Coast Guard or similar agencies must complete attachment A, Observer-Waiver of Liability and attachment B, Ride-Along authorization must be completed by the head of their agency. Non-emergency agency participants must provide a letter from their employer confirming that they are in good standing and covered by their employer's workman's compensation insurance.
- 41.3** Participants must be supervised at all times by CCF/R personnel while on emergency calls. They may only participate during EMS calls to the level of their training and at the specific direction of the ambulance attendant (AA).
- 41.4** Participants may **not** enter an IDLH atmosphere. They may **not** use CCF/R self contained breathing apparatus unless that have had a fit test, training on CCF/R SCBA's and a medical respiratory clearance as required by OSHA.
- 41.5** Participants must obey all orders from CCF/R officers or CCF/R personnel supervising them.
- 41.6** Participants, may lodge over-night at a CCF/R station, if approved by the Chief or Division Chief. They will provide their own food and bed linen. Their accommodations must be clean upon their departure.
- 41.7** No smoking or alcohol is allowed in any CCF/R station.
- 41.8** Participants must wear either the uniform provided by their home department or a neutral color (black, blue, brown) long sleeve shirt and full length pants. No logos or symbols on clothing or jewelry that is contrary to a good public image will be allowed. Decision is to be made by Chief, Division Chief or Captain of station.
- 41.9** Participant must be clean. Long hair must be tied back to prevent a snagging hazard. No long dangling jewelry that may be a snagging hazard is allowed to be worn.

41.10 Patient information confidentiality (HIPPA) must be maintained. Discussion of patient information other than with other responders on the call for educational purposes is not allowed.

41.11 Participants must receive information on blood borne pathogens and CCF/R personnel protective equipment before riding on the ambulance or assisting in EMS scenes. Participants assisting on EMS calls will be temporarily issued “blue gear”

41.12 Only one ride-along participant will be allowed per station per day.



Capital City Fire / Rescue
820 Glacier Avenue
Juneau, AK. 99801

OBSERVER-WAIVER OF LIABILITY
(Use ink to print all information except for signatures)

I, _____ certify that I am 18 years of age or more, and request approval to ride in a City and Borough of Juneau ambulance or fire apparatus and/or otherwise accompany firefighters of Capital City Fire/Rescue solely as an observer of firefighter/ emergency medical technician/mobile intensive care paramedic duties and performance during the period of time beginning at : _____ am/pm on the day of _____, 20____; and ending at _____ am/pm on the day of _____, 20_____.

I further waive any and all rights, as the accompanying observer, to any claim of liability which could or might be placed against the City and Borough of Juneau or its agents or employee, either collectively or individually, for any reason whatsoever arising from, or as the result of, riding with or otherwise accompanying employees of Capital City Fire / Rescue as requested and/or permitted herein.

I certify that I am aware of the rules of Health Information Privacy Protection Act (HIPPA), that prohibits me from disclosing to another unauthorized person any medical information or patient identification that I may learn during the course of this ride-along. _____ (initial)

I certify that I have received a briefing on personal protective equipment available on the ambulance for my use during the ride-along. _____(initial)

I will not enter any immediately dangerous to life/ health atmospheres (IDLH), participate in any patient care activities or engage in any other activities other than observation. I will obey all directions of the CCF/R personnel regarding my safety. _____ (initial)

Dated this _____ day of _____, 20_____.

Observer's Printed name _____

Observer's signature _____

Home telephone: _____ Work Telephone: _____

Emergency Contact: _____
Name Telephone Number(s)

Shift /Station Assigned: _____

Approval: _____
Name /title Date



Capital City Fire / Rescue
820 Glacier Avenue
Juneau, AK. 99801

Ride along authorization:

_____ has applied to be a
ride-along with Capital City Fire/Rescue for the date(s) of _____

It is a requirement of our program that the ride-along be covered by workman's compensation insurance by their home department and that the ride-along be a member in good standing with your department. By signing below, you are certifying that these conditions are met.

Name of Department _____

Chief of Department (print) _____

Signature: _____

Contact number: _____

Please fax this completed form to (907) 586-8323.

Thank you. We hope that this is a positive educational experience for your department member.

Eric Mohrmann
Fire Chief
(907) 586-0261