# Ride Along Guidelines



These guidelines explain riding procedures. Please read. If you have any questions, please ask any fire department member upon your arrival.

## **RISKS**

The Fire Service is a very exciting field; however, this excitement is often accompanied by certain dangers. It is important that you understand these dangers before you decide to ride any apparatus. Although precautions are taken, you may be exposed to hazards. These hazards include, but are not limited to: FIRE; EXPLOSIONS; RADIOACTIVE, CHEMICAL, AND OR HEAT EXPOSURE; PNEUMATIC OR HYDRAULIC INJURIES; FLYING OBJECTS; SHARP OBJECTS; VEHICLE ACCIDENTS; BIO-HAZARDOUS MATERIALS; INFECTIOUS PATIENTS. If you have any questions about any of these, or other risks, please ask a Fire Department Member. You agree to assume all risk by riding the Fire/Rescue/EMS apparatus. In order to ride you must also read, agree to, and sign the Riding Waiver and Release.

#### CHAIN OF COMMAND

The Lyndon Station Fire Department depends on a rigid chain of command in order to facilitate fast, appropriate actions. As an observer, you will not be taking an active role in operations. You must however, understand the basics of command to help insure you are not harmed. When you arrive at the Fire Station, introduce yourself to the Officer if they are present. Tell them you are here to observe, and ask them to introduce you to the crew staffing the apparatus you are to ride. Get to know the crew and ask them what to do when the alarm goes off. If no one gives you directions, report to the Officer

immediately after the alarm sounds. If you cannot find the Officer, report to the apparatus and wait for the crew.

When on the scene of a call, you must follow the directions of every member. Officer's directions take precedence over other members. Use common sense and try to stay out of the way. This does not mean sit in the truck. You are free to OBSERVE at a safe distance. This distance will depend on the situation. If you have questions, please ask. If the First Responder or firefighter is busy and unable to answer you, hold your questions and ask the members after the call is complete. Fire/EMS providers love to talk about their profession. The more inquisitive you are, the more rewarding your experience will be.

## **DRESS CODE**

There are certain standards, which must be met regarding uniforms. These standards serve to protect you from certain dangers, and to present a professional image to those we serve. The preferred uniform includes: Polo or oxford shirt, navy pants, black shoes or boots. We understand this is not always practical, so alternatives are acceptable within reason. Please refrain from wearing: bright colors (wear blue, black, or white), open-toed shoes, shorts, tank tops, logo tee-shirts, logo-jackets. You may wear professional uniforms only if you are certified at that level (i.e. EMT patches) or a member of that fire/EMS department.

#### **PROFESSIONALISM**

Please act professionally at all times; you represent the fire department when you ride our apparatus. Please be polite and respectful to the Fire Department Members. They are very friendly and eager to assist you. Feel free to ask questions of anyone. If you experience a problem or feel a member is abusing you, please notify an Officer immediately.

## **EXPECTATION OF THE RIDE ALONG**

- 1. Must be at least 18 years old, Lyndon Station Fire Department family members can be 16 years old with parent's consent.
- 2. You must sign a Liability Waiver.
- 3. May ride between 0700 and up to 2400.
- 4. You are expect to follow all department Rules, Regulations and Policies:
  - o Seatbelt usage in any department vehicle
  - Patient confidentiality will be strictly maintained (HIPPA requirements)
  - Professional conduct is always expected
- The rider will be a passive observer and must obey any orders given by Lyndon Station Fire Department members.
- 6. The rider will not interfere with Lyndon Station Fire Department personnel in the performance of their duties.
- 7. The rider will not handle any LSFD equipment unless specifically authorized by LSFD personnel.
- 8. You are required to dress professionally.

#### What is HIPPA?

Public Law 104-191

Enacted August 21, 1996 (104th Congress)

Health Insurance Portability and Accountability Act of 1996.applicable to:

- Health Care Providers
- Health Care Plans
- Health Care Clearinghouses

#### Goals of HIPPA

Provide Continuity of Health Care Coverage

Prohibits discrimination based on health

Limits preexisting condition exclusions

Administrative Simplification

Improve efficiency by standardizing the electronic exchange of administrative and financial data Protect the security and privacy of transmitted (electronic) information.

# Who Does HIPPA Apply to?

All Health Care Providers

Entities that furnish, or bill and are paid for, services in the normal course of business **AND** who transmit any health information in electronic form in connection with specific transactions.

Hospitals

**Physicians** 

Clinics

Dentists

Nursing Homes

**Suppliers** 

**EMS** services

# What Does HIPPA Apply To?

Any information, whether oral or recorded in any form or medium that: is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse AND relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual AND identifies the individual OR with respect to which there is reasonable basis to believe that the information can be used to identify the individual.

How would you want your heath information secured?

What would you think of when your doctor talked about you personal heath information at a

# party??

"HIPPA Golden Rules"
What you hear here
What you see here
What you gather here
Stays here

# **Penalties Non-Compliance**

\$100 for each violation, total for each requirement in calendar year not more than \$25,000

## Wrongful disclosure of individually identifiable health information

Uses or causes to be used a unique health identifier Obtains individually identifiable health information Discloses individually identifiable health information \$50,000 1 Yr imprisonment \$100,000 5 yrs false pretenses \$250,000 10 yrs intent to sell

## Security

Facilitate use of health information for the treatment and payment of healthcare. Allow health data to be disclosed for certain national priority purposes

Require authorization for use/disclosure of health data for other purposes

Establish practices to provide security of and individual access of health data

## Security, Privacy and Confidentiality

Security = Information safeguarded from many people Privacy = Information about one person Confidentiality = Information told to a second person

#### **Security Standards**

**Administrative Procedures** 

To ensure that security plans, policies, procedures, training, and contractual agreements exist. Physical safeguards

To provide assigned security responsibility and controls over all media and devices Technical security (Hosting)

To provide specific authentication, access, and audit controls to prevent improper access to electronically stored information

Technical Security (Transmission)

To establish communications/network controls to avoid the risk of interception and/or alteration during electronic transmission of information

# LYNDON STATION FIRE DEPARTMERNT RIDE ALONG WAIVER OF LIABILITY

In consideration of being permitted to ride in a vehicle owned and operated by the Village of Lyndon Station, or to accompany First Responders of the Lyndon Station Fire Department on any call, I shall be liable to and hereby agree to indemnify, defend, and hold harmless the Village of Lyndon Station, and its officers, officials, agents, and employees against all loss or expense (including liability costs and attorney's fees) by reason of any claim or suit, or of liability imposed by law upon the Village or its agents or employees for damages because of bodily injury, including death at any time resulting there from, sustained by any person or persons or on account of damages to property, including loss of use thereof, arising from, in connection with, caused by or resulting from my acts or omissions in the performance of this agreement, whether caused by or contributed by the Village or its agents or employees.

I understand and agree that all patient information to which I become aware in the course of my participation is strictly confidential and no part will be divulged or shared with any person not involved directly with the care of the patient. I have reviewed the HIPPA training information and understand my obligation under HIPPA requirements pertaining to patient medical information confidentiality. I agree I am not able to disclose any patient identifiable medical information ant any time

Date Signature (Parent or Guardian Name if under 18 yrs old) Please Print the Following Information:		
Printed Name of Participant	Parent or Guardian Name (if under 18 yrs old)	
Address		
Home Telephone	Work Telephone	Date of Birth
Date of Ride	Time of Ride (evenings or weekends only)	
Department Sponsor		
Station & Unit #		
Personnel Chief Approval (Yes	s/No)	