



Richmond Ambulance Authority
**THIRD PARTY
RIDE-A-LONG PROGRAM**

Program Guidelines / Orientation

General Conduct

The conduct of a rider will reflect upon the individual, the responding agency, other cooperating agencies and the program in which the rider is associated with. Each rider is required to carry him or herself in a superior professional manner. If a rider exhibits any unprofessional conduct, RICHMOND AMBULANCE AUTHORITY reserves the right to terminate the riders' privileges immediately and notify his / her school / agency.

Patient Relations

Students may be actively involved with patient assessment and care under their scope of practice as defined by their school / institution, RICHMOND AMBULANCE AUTHORITY, or the set forth guidelines and can only be done under the direct supervision of their preceptor.

At no time will the rider be allowed to argue or dispute with a patient. Patients will be treated with the utmost respect and dignity. If a patient decides to refuse treatment and transport, allow the preceptor to handle the situation and follow the appropriate protocol.

Preceptor Relations

Students must maintain a positive attitude and be willing to help and learn at all times. This will ensure a positive and beneficial shift. Students will follow all reasonable, ethical and moral instructions given by the preceptor. If the rider disagrees with the preceptor over any matter, he / she will NOT to argue or discuss it in front of a patient, family member or facility staff. He / she can discuss the matter in a calm and professional manner after the call and request a supervisor to be present if desired.

Smoking is not permitted within 15 feet of the company vehicle and may only be done in designated smoking areas at headquarters. Smokeless tobacco use is not permitted in the company vehicle.

Dress Requirements

In addition to acting in a professional manner, the third rider will need to present themselves in a professional manner as well. The following are the requirements in place to participate in our program:

- White, Navy Blue or Black polo shirt. Agency logos or patches are not permitted; school / institution logos will be permitted.
- White, Navy Blue or Black tee shirt may be worn under the polo however, must be matching.
- Long Sleeve polo shirts are permitted.
- Pants will be Black, Navy Blue or tan. Pants will be worn in a professional uniform type manner. Shorts and jeans of any type are not permitted.
- Shoes may be Black or Dark Brown. Tennis shoes are permitted as long as they are compliant with the aforementioned color and the rider is not functioning in the STUDENT role. Open toe and open heel shoes are not permitted. High heels are not permitted.
- A plain Black or Navy Blue jacket may be worn. The jacket can not have any agency logos or patches on it. The jacket also may not have extensive markings of any type.
- A name tag or photo ID must be worn at all times in a fashion that can be read while facing the individual.
- Baseball hats are not permitted, cold weather hats are permitted. Hair must be neat in appearance at all times.



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Infection Control

If a student is eligible to perform a task, he / she will be required to wear and utilize the appropriate PPE (personal protective equipment) as needed. If a rider has or suspects a Latex ALLERGY, he / she is required to notify the preceptor, and non-latex gloves will be provided.

Patient Confidentiality

We as a premier EMS agency are required to adhere to the federal law, HIPAA. Each rider will be responsible for knowing and understanding this law. If a rider has any questions, direct them to the assigned preceptor or our HIPAA compliance officer, Lee Ann Baker, 804.254.1183.

Scheduling

In our best effort to create a uniformed and coordinated ride, scheduling of a ride may only be completed by Clinical Services Dept., Scheduling Officer, or your School / Agency Supervisor in coordination with the Scheduling Officer.

Observation Rides

Observers will NOT be allowed to perform any patient care tasks or general operational tasks.

Attendance

Riders will be expected to report for their assigned shift no later than 15 minutes prior to the scheduled time. If a rider is going to be tardy, this must be communicated to the Communications Center, On-Duty Supervisor, or Scheduling Officer immediately. If a rider shows up late and has not made notification to the above mentioned, he / she will not be permitted to ride. If a rider is going to be absent, notification must be made no less than 3 hours prior to your assigned shift.

Workplace Violence / Drugs / Alcohol

To ensure that Third Riders and Staff of any level have a safe environment to work and learn in, violence, threats or hostile manners will not be permitted. At any staff members' discretion, law enforcement can be contacted and ride-along privileges discontinued immediately.

Any rider may not report for a shift under the influence of alcohol or illegal substance. If a rider does report for a shift and is suspected of using or being under the influence of the above mentioned, he / she will be asked to leave and his / her program coordinator will be contacted immediately.

General Ambulance Operations

The third rider will not be allowed to ride in the front of the vehicle unless otherwise directed to do so by the preceptor in the case of a violent or infectious patient. The third rider will not be issued a shift radio. The third rider will not operate the radio except in a 'MAYDAY' situation. The preceptor will instruct the rider on this function.



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What You Should Receive From Richmond Ambulance Authority

As a medical professional, non-medical professional or general person of interest, you should be able to receive the highest available level of education possible. In riding with us you should receive respect from all of our team members, skills and trade facts to help advance your personal and professional career and possibly the opportunity to actively participate in ambulance operations under direct supervision. We at RICHMOND AMBULANCE AUTHORITY wish you the best of luck with your endeavors.

What Richmond Ambulance Authority Expects Of You

At RICHMOND AMBULANCE AUTHORITY, we take great pride in providing the highest level of pre-hospital care that we can deliver to the citizens of Richmond. With that we ask that you adhere to all of the guidelines and procedures in this packet. Every ride-along will be personally held accountable for the following:

- Following all guidelines set forth in this packet.
- Treating each patient / customer with dignity, respect and the highest level of professional attitude that is possible.
- Treating each patient with the highest level of care possible.
- Work within your STUDENT / OBSERVER scope of practice as defined by your educational / institutional status, or RICHMOND AMBULANCE AUTHORITY.
- Have an excellent shift.

Types of Ride-Alongs

Ride-alongs are available to various groups of individuals. We address each individual as they apply for a ride opportunity. For these purposes you will be classified as:

- **STUDENT** Rider Initials: _____
These are persons currently enrolled and receiving clinical instructions and evaluations for a specific certification.
These persons may also be enrolled in a licensure program such as, however not limited to MD, PA, RN.
- **OBSERVER** Rider Initials: _____
These individuals will be ones such as ride-for-hire candidates, media, police, firefighters, explorer programs, healthcare professionals, and case-by-case non-medical professionals. Observers will be limited to 1 ride in a six month period and no more than 2 observation rides per year.

Equipment Familiarization

In an effort to make this beneficial and rewarding, we ask that the rider actively participate in unit check-out at the beginning of the shift. This is why we require you to arrive 15 minutes early. Should you have any specific unit questions, feel free to direct them to your assigned preceptor.



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***Program Agreement
Release of Claims***

I, _____, request permission to ride as a guest, being referred to as an OBSERVER / STUDENT, with Richmond Ambulance Authority. I agree to adhere to the following:

WITNESSETH

WHEREAS, RICHMOND AMBULANCE AUTHORITY is willing to permit the above named OBSERVER / STUDENT to ride in a company vehicle and accompany the EMT'S and PARAMEDICS while performing their duties, and:

WHEREAS, the above named individual voluntarily requests to ride as an OBSERVER / STUDENT and realizes the inherent risk to themselves in riding, and accompanying the EMT'S and PARAMEDICS, and acknowledges that the work and activities of the ambulance operation is dangerous. This involves, but is not limited to, the possible risk of injury, illness, disability, death, damage expense or the loss to person and property, and not wishing to hold officers, agents or other personnel of the RICHMOND AMBULANCE AUTHORITY responsible for the above, and personally assuming such risk:

WHEREAS, it is further understood that the officers, agents or personnel of RICHMOND AMBULANCE AUTHORITY shall not be held liable or responsible under any circumstances whatsoever to the undersigned, his / her estate, heirs, beneficiaries, or successors for any injury / illness to the undersigned's person or property. This will include and is not limited to, any damage, expense, or loss to person or property incurred while traveling to and from the RICHMOND AMBULANCE AUTHORITY headquarters and while riding along with the personnel and performing and duties or tasks within the scope of the OBSERVER / STUDENT agreement,

THEREFORE, upon signature of this agreement, RICHMOND AMBULANCE AUTHORITY will make an offer to the above named person, an opportunity to ride as an OBSERVER / STUDENT in a RICHMOND AMBULANCE AUTHORITY company vehicle under the direct supervision of the EMT and PARAMEDIC. In abidance by the rules of the OBSERVER / STUDENT, you will follow all of the guidelines set forth. RICHMOND AMBULANCE AUTHORITY reserves the right to terminate this agreement at any time.

Signature of Above Named Individual



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Ride-Along Application
PLEASE PRINT OR TYPE

Name: _____ Date: _____
Last First MI

Address: _____
Street / Box

City, State, Zip: _____
City State Zip

Home Phone: _____ Alt. Phone: _____

Emergency Contact: _____ Phone Number: _____

TO BE COMPLETED BY SCHOOL / AGENCY

School / Agency Affiliation: _____ Course Location: _____

School / Agency Instructor / Supervisor: _____ Title: _____

School / Agency Phone Number: _____

TO BE COMPLETED BY SCHOOL / AGENCY

Student Has:

_____ Began HbV vaccine series (provide copy)
_____ Completed T.B Mantoux test (provide copy)

Student Is:

_____ Covered by Institution / Agency Workman's Compensation (provide copy)
_____ Covered by Institution / Agency General and Professional Liability Insurance (provide copy)

PLEASE SELECT MOST APPLICABLE

- EMT-B STUDENT
 - EMT-I STUDENT
 - EMT-P STUDENT
- * EMT-BASIC (OBSERVER ONLY) * OBSERVER ONLY
* EMT-INTERMEDIATE (OBSERVER ONLY)
* EMT- PARAMEDIC (OBSERVER ONLY)



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. Ride Authorization

Date of Ride: _____ Date(s) of Ride(s): _____

Shift Start Time: _____ Shift End Time: _____
Please arrive 15minutes prior to Start Time Shift may be extended due to call
volumes

Assigned to Preceptor: _____

Please report to: RICHMOND AMBULANCE AUTHORITY
2400 HERMITAGE RD.
RICHMOND, VA 23220

Authorization: _____ Title: _____

THIS AUTHORIZATION SLIP MUST BE PRESENTED TO PRECEPTOR