

# Civilian Ride-Along Program Packet



## **Jackson County Fire District 3**

8383 Agate Road  
White City, OR 97503  
Phone: 541-826-7100  
Fax: 541-826-4566

# Jackson County Fire District 3

## Civilian Ride-Along Program

Welcome to Jackson County Fire District 3's Civilian Ride-Along program. Your interest in our organization is appreciated. We will make every effort to see that your visit is both interesting and informative.

Our policies and procedures are designed to provide for the safety of our employees, ride-along passengers, and members of the general public. Due to the nature of our service, you may find yourself in a potentially dangerous situation. To minimize your risk the following rules will need to be strictly adhered to:

- Do not get out of any emergency vehicle without the permission of Jackson County Fire District 3 personnel.
- Do not involve yourself with a patient, property owner or persons involved in an emergency without authorization from Jackson County Fire District 3 personnel.

*Prior to riding on any Jackson County Fire District 3 apparatus, I acknowledge that I have read the above and the attached policies and procedures, and that I fully understand and accept the risks associated with a ride-along.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Phone

***\*Requested dates for Ride-Along must be at least one week in advance, and during the times of 8:30 a.m. to 4:00 p.m.***

1<sup>st</sup> Choice Date:\_\_\_\_\_Time:\_\_\_\_\_

2<sup>nd</sup> Choice Date:\_\_\_\_\_Time:\_\_\_\_\_

### Office Use:

Scheduled Date:\_\_\_\_\_Time:\_\_\_\_\_

Station:\_\_\_\_\_Captain Notified:\_\_\_\_\_

Application Received By:\_\_\_\_\_

Battalion Chief Approval:\_\_\_\_\_

# Jackson County Fire District 3

## Policy on Confidentiality and Dissemination of Patient Information and Staff Verification

Given the nature of our line of work, it is imperative that we maintain patient confidentiality. Jackson County Fire District 3 (the District) prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment or health care operations, and discussions of Protected Health Information (PHI). Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that the District provides services to patients that are considered private and confidential and that I am a crucial step in respecting the privacy rights of the District's patients. I understand that it is necessary, in the rendering of the District services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic, and that all such information is strictly confidential and protected by Federal HIPPA and State laws.

I agree that I will comply with all confidentiality policies and procedures set in place by the District during my entire affiliation with the District. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify my supervisor at the District immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my affiliation with the District. Upon termination of my affiliation for any reason, or at any time upon request, I agree to return any and all confidential patient information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by the District. I agree to abide by all policies or be subject to disciplinary action, which may include but not limited to, verbal or written warning, suspension, or termination of my affiliation with the District.

**This is not a contract of employment and does not alter the nature of the existing relationship between the District and myself.**

---

Signature

---

Date

---

Please Print

# Jackson County Fire District 3

## Civilian Ride-Along Program Release and Indemnity Agreement

As of this date, I \_\_\_\_\_, the undersigned, a private person, for and in the sole consideration of the privilege of riding as a Civilian Ride-Along (CRA) with Jackson County Fire District 3 agree to the following:

I have read, understand, and agree to follow the procedures set forth in the Civilian Ride-Along Program Packet.

I desire to participate as a CRA at my own risk and recognize the possible and inherent danger to myself and property resulting there from.

I assume full responsibility for any personal injury or damage to myself or property which may occur, directly or indirectly within, on or about any such District vehicle or District premises or any part thereof or any public or private place where the District travels or responds to or while accompanying any District employee.

I hereby waive all claims, release, indemnify, defend and hold harmless the District and all of its officials, officers, agents, employees, in both their public and private capacities, from any and all liabilities, claims, suits, demands, expenses of litigation, or causes of action which may arise by reason of injury to myself, other persons, or loss of, damage to, or loss of use of any property occasioned by error, omission, or negligent act of myself or any other person, including but not limited to District employees. In all situations contemplated by the terms and conditions hereof, and I will, at my own cost and expense, defend and protect the District against any and all such claims and demands.

I hereby agree to indemnify, defend and hold harmless the District and all of its officials, officers, agents, and employees from and against any and all claims, losses, damages, causes of action, suits, and liability of every kind, including all expenses of litigation, including, but not limited to, court costs and attorney's fees for the death of, or injury to any person or for loss of, damage to, or loss of use of any property arising out of any and all activities contemplated by the Agreement. Such indemnity shall apply whether the claims, losses, damages, causes of action, suits, or liability, arise in whole or in part from the negligence of the District, its officers, officials, agents, or employees.

I agree to pay any and all costs, and reasonable attorney fees, as a result of any action brought by or against the District, its agents and employees, for any acts or conduct of myself of whatever kind or nature whatsoever while participating in the CRA program.

The above named individual, \_\_\_\_\_, by his/her signature hereto, does request permission and authorization to ride as a CRA with the District.

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

# Jackson County Fire District 3

## Civilian Ride-Along Program Release and Indemnity Agreement *Continued*

Emergency Contact Information:

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*IF UNDER 18 YEARS OF AGE, PARENT/GUARDIAN MUST COMPLETE BELOW\*\*\*\*

As Parent/Guardian of \_\_\_\_\_, I hereby state that I have read this agreement and explained its terms to my child. I hereby affirm that my child is at least 16 years of age and I accept this agreement on behalf of my child and on my own behalf. I agree that all references to agreements or statement of the CRA shall be considered to be references to me as well as my child and that for purposes of this agreement.

\_\_\_\_\_  
Date of Birth of Minor

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/Guardian Printed Name:

**Administrative Office Only:**

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **Jackson County Fire District 3**

## **Civilian Ride-Along Program**

### **Guidelines**

The following guidelines are required to keep citizens and personnel of Jackson County Fire District 3 (the District) safe while at the stations, responding to incidents, and during assignments. Please read and understand these guidelines for the District's Civilian Ride-Along Program. If you have any questions, or if anything is unclear, speak with one of our Battalion Chiefs for clarification.

#### **1. Scheduling**

Riders will pre-schedule times with the Administrative Staff at least one week in advance of the first scheduled ride time. Riders are only to be at the station during their scheduled period of ride time. Riders are allowed to ride from 8:30 a.m. to 4:00 p.m. any day of the week with the exception of holidays. Variances may be made on a case-by-case evaluation but not to exceed 8:00 PM.

If you are unable to keep a scheduled appointment for ride time, it is your responsibility to call the Administrative Office to advise us of the situation and for rescheduling. *Failure to notify the Administrative Office of your absence will result in the loss of riding privileges.*

Riders will be limited to two separate Ride-Along days each calendar year.

Riders must be at least 16 years of age.

#### **2. Dress Code**

All riders must be dressed appropriately. The following is a list of acceptable dress for riding with the District.

- A. **A button down shirt or polo shirt.** T-shirts, sweaters, and baggy clothing are unsafe and not acceptable.
- B. **Black or dark blue slacks or jeans.** Skirts, short, sweats, leggings or torn pants are not acceptable.
- C. **Leather shoes or boots, preferably black in color.** Ankle high leather is preferred. Tennis shoes, loafers, sandals, etc. are not acceptable.
- D. **Fire Department dress uniforms from other agencies may be worn with the prior approval of a Battalion Chief or Operations Chief.**
- E. **Dangling ear rings, facial rings, excessive jewelry, and other items should not be worn while riding as they pose a safety hazard.** Additionally perfumes, colognes and strong aftershave should not be used as it tends to make ill patients nauseated.
- F. **Inappropriately dressed observers will not be allowed to ride and will be sent home.**

# **Jackson County Fire District 3**

## **Civilian Ride-Along Program**

### **Guidelines**

*Continued*

#### **3. Authority/Supervision**

- A. All riders must follow Civilian Ride-Along rules. Failure to do so will result in the loss of privileges. At no time will riders answer phones, show up at stations when not previously scheduled, occupy crew sleeping areas, or stay at the station when crews are not present.
- B. Riders will follow the direction of the assigned crew.
- C. Riders will not interface with the public, the patient, or other personnel (hospital, police, medical, etc) unless specifically requested to do so by the crew.
- D. Riders will not use the District radios or telephones.
- E. Riders will not be allowed to operate any District vehicle under any circumstances.
- F. All riders must utilize Personal Protective Equipment on every medical call, or when directed to on another type of call. Failure to do so will result in termination of rider time.
- G. All riders must have completed the liability release forms before riding with a crew.

#### **4. Patient Confidentiality**

All observations made by riders shall be kept in a confidential manner. Information should not be released to other persons outside the District regarding incident information or patient information. No pictures or videos may be taken on emergency scenes.

#### **5. What to Bring With You**

- Appropriate cold weather gear (gloves, coat, etc).
- Food to eat while at the station.
- Money (just in case you don't get back to the station and would like to eat).
- Books or study materials.
- NOTE: Personal cellular phones should be turned off or set to silent and are to be used for necessary calls only. It is prohibited to use any function of your cellular device while on an emergency scene.