

THIRD PARTY RIDER PROGRAM

Guidelines and Orientation

2010

What You Should Expect From Mecklenburg EMS Agency

You should be able to receive the best possible education/experience that you can receive. Your assigned preceptor should provide coaching and counseling with regard to strengths and weaknesses and offer suggestions for improvement. If you are a student, you should be accepted as part of the team and asked to participate in certain team activities. If your training institute provides written evaluation forms, those will be completed and discussed with you. We feel your education with Mecklenburg EMS Agency will provide you with a strong foundation from which you can grow both personally and professionally.

Types of Riders

Mecklenburg EMS Agency provides clinical ambulance rides for a variety of different people. We will address different topics and expectations depending on your rider status. For these purposes you will be considered:

o *Student*

Rider Initials:

- a. These are persons **currently enrolled** and receiving clinical evaluations for EMT-B or EMT-Paramedic school and/or.
- b. Healthcare students (RN or Medical Students, Residents, or Interns) currently enrolled in school.

o *Observers*

Rider Initials:

These are for health care professionals not receiving clinical evaluation, and other non-medical personnel approved by Administration. These persons **may not** perform any patient care tasks.

Dress Regulations

o *Student*

Rider Initials:

o *Observers*

Observer Initials:

During the ambulance ride-along, the rider is expected to adhere to the following:

- a. **Clean, pressed Student Uniforms or White POLO SHIRT. Other than student uniforms, attire may Not have agency logos or patches. NO Scrubs allowed.**
- b. Black or dark blue pants. **Jeans of any color will not be allowed.**
Shorts are not allowed.
- c. Black or dark brown shoes with good soles. Shoes must be polished or clean. **No sneakers, sandals or high-heels.**
- d. Jackets or coats must be plain in appearance **without any agency logos, agency patches, or other excessive markings.**
- e. **Name tags/ID badges must be worn at all times.**
- f. **Students must have a watch with a second hand.**
- g. **Students must bring their own stethoscope.**
- h. **Students are not permitted to wear any Agency uniform or anything that designates the student as an Agency employee.**
- i. **Any required PPEs.**
- j. **All riders must have in their possession a current picture I.D. Students must provide clinical/field perception guide/manual from their educational institution. An individual will not be permitted to ride without these items.**
- k. **ALL LONG HAIR MUST BE PULLED BACK**
- l. **ALL MALE STUDENTS MUST BE CLEAN SHAVEN**
- m. **NO Cologne or Perfumes.**
- n. **NO LONG OR HOOPED EARRINGS/ NO FACIAL PIERCINGS**

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Personal Belongings

- o *Student*
- o *Observers*

Due to OSHA guidelines, food, drink, application of lip balm, contacts, make-up and storage of **food is not allowed in the patient compartment of an ambulance.** If the rider wishes to bring food, secure food in a small container that can be stored easily. Riders should bring enough money to purchase **at least two meals** for the shift.

Mecklenburg EMS Agency will not be responsible for the loss, theft, or destruction of personal property while it is on an ambulance.

Equipment Familiarization

- o *Student*

In order for this to be a beneficial and rewarding experience all students are expected to gain familiarization with the ambulance and the equipment (location and operation to their scope of practice) that they will be using. The student should be actively involved in checking out the unit at the start of shift and refer any questions to their preceptor.

Lifting

- o *Student*
- o *Observers*

At no time should a student or observer engage in lifting the patient, equipment, or the stretcher.

Infection Control

- o *Student*
- o *Observers*

Personal Protective Equipment (PPE) will be standard practice when handling/caring for patients. PPE is provided on each unit including Latex gloves, eye protection, face/eye protection, and gowns. **I understand that the members of Mecklenburg EMS Agency have received exposure control training and therefore will follow their directions for minimizing the risks of exposures during patient contact.**

Exposures of potential exposures are to be immediately reported to your preceptor. The Safety and Risk Specialist will then contact the student's training agency and advise them of the incident.

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I understand that Mecklenburg EMS Agency does have latex on each ambulance. I do not have a known or suspected latex allergy.

- o *Student*
- o *Observers*

Sharps

- o *Observers*

Observers will not handle sharps under any circumstances.

- o *Student*

An appropriate sharps container must be within arm's reach of the user before any sharp is used. Other potentially contaminated sharp object (ex. Glass etc.) Will not be picked up directly with your hands. It shall be cleaned up using mechanical means, such as dustpan.

All used needles and catheters will be immediately disposed of in the appropriate puncture resistant biohazard container. Used sharps will not be passed to another person for disposal or use.

Never leave a needle lying anywhere in the unit. Recapping of needles is not accepted unless the syringe provides multiple doses of medications such as Morphine. In such cases the one-handed recapping method should be used. Refer to your preceptor if you are unfamiliar with this method.

Patient Confidentiality

- o *Student*
- o *Observers*

- a. HIPAA Privacy Rules are enforced at the Mecklenburg EMS Agency. It is policy that information received on any patient will not be discussed with anyone not directly associated with the call. This includes all patient identifiable information such as the name, address, telephone number, date of birth, age, social security number, etc., or any identifying information connected with condition, treatment, or medical history. All students/observers will be asked to take a Self –Guided HIPAA Training Module before being permitted to ride.
- b. No patient identifiable documentation is allowed to be removed from the Agency and under no circumstances will the patient care report be copied for the student or training agency.
- c. **Any student/observer will be immediately dismissed from the shift upon a breach or probable breach of patient confidentiality. He/She will be ineligible for any further ride time, and their instructor/ educational institution and agency will be notified.**

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Leaving Assigned Area

- o *Student*

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|-----------------------|
| Rider Initials: _____ |
|-----------------------|
- o *Observers*

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|-----------------------|
| Rider Initials: _____ |
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It is imperative that riders remain in their assigned area or near their assigned ambulance and crew. The rider must notify the crew with intent to be away from the station, ambulance or crew. It is the responsibility of the rider to assure all necessary paperwork and evaluations are completed at the end of a clinical rotation. The Agency will not forward clinical evaluation forms to preceptors.

Riding in the Ambulance and Completion of Shift

- o *Student*

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|-----------------------|
| Rider Initials: _____ |
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- o *Observers*

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| Rider Initials: _____ |
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At no time will Students/Observers doing clinical ride function as patient care provider while not in the presence of the preceptor. When riding in the patient care compartment, students/observers will sit in the jump seat located at the head of the stretcher unless attending to a patient. **Seat belts will be worn** while the ambulance is in motion, unless rider is actively involved in patient care. **Only trained Agency personnel shall operate the vehicle.** Each rider will also agree to complete an entire shift. **No extraordinary scheduling arrangements will be made to accommodate the student or observer.**

It is the student or observer’s responsibility to report to Medic a minimum of 15 minutes prior to the start of scheduled shift. It is the student or observer’s responsibility for transportation to and from Medic at the beginning and end of their shift.

Drugs / Alcohol

- o *Student*

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| Rider Initials: _____ |
|-----------------------|
- o *Observers*

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|-----------------------|
| Rider Initials: _____ |
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Drugs and alcohol are prohibited. Any student/observer displaying signs consistent with drug or alcohol use will be asked to leave Agency property. The student’s educational representative will then be notified. The Agency reserves the right to discontinue the student/observer’s ride time when unprofessional behavior is displayed.



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Workplace Violence

o *Student*

Rider Initials: _____

o *Observers*

Rider Initials: _____

Mecklenburg EMS Agency strives to maintain a violence free workplace. **Any rider who acts in a violent, hostile or threatening manner will be asked to leave immediately.** At the Agency's discretion local law enforcement will be contacted. **The Agency reserves the right to discontinue the student/observer's ride time when unprofessional behavior is displayed.**

Firearms, explosives, weapons, or cutlery other than trauma shears will not be permitted in the ambulance, station or on Agency property.

Conduct

o *Student*

Rider Initials: _____

o *Observers*

Rider Initials: _____

The conduct of the student/observer reflects upon the individual, the Agency, ancillary response agencies, and the educational institution. As a result, professional conduct by the rider is of utmost importance. Each rider will represent him or herself in a professional manner and will refrain from inappropriate remarks or gestures, communication with Agency employees, management, other health care providers, and in the company of the patient. The Agency reserves the right to discontinue, at any time, the rider's privileges should the rider exhibit unprofessional behavior. In order to maintain quality patient care and professional image, riders are expected to adhere to patient and staff relation guidelines.



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Questions and Comments

Mecklenburg EMS Agency hopes that each student and observer will benefit from his/her clinical education and that they find their time both fun and educational. In the event a student should have a conflict with one of the selected preceptors, please bring this concern to the attention of the Education Coordinator, Operations Supervisor or Manager. Should you have any questions or comments, please feel free to contact Mecklenburg EMS Agency either in writing or by phone at the address listed below.

Robin Pariso, Education Coordinator
Mecklenburg EMS Agency
4524 Statesville Road
Charlotte, NC 29269
(704) 943-6143



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AGREEMENT AND RELEASE OF CLAIMS

I, _____ request for permission to ride as a guest, herein after referred to as OBSERVER / STUDENT, with Mecklenburg EMS Agency and agree to the following:

WITNESSETH

WHEREAS, I have carefully read, understand and agree to strictly comply with the Mecklenburg EMS Agency's Guidelines and Orientation Packet, and

WHEREAS, Mecklenburg EMS Agency, is willing to permit the above named OBSERVER / STUDENT to ride in a company vehicle and accompany the EMT's and Paramedics while in the performance of 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 and crews are dangerous. This involves 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 Mecklenburg EMS Agency responsible for the above, and assuming such risk themselves, and

WHEREAS, it is further understood that the officers, agents, or personnel of Mecklenburg EMS Agency 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, including but not limited to any damage, expense or loss to person or property, incurred while traveling to and from Mecklenburg EMS Agency and while riding along with our personnel, and performing medical and other care, within the scope of this OBSERVER / STUDENT agreement,

NOW THEREFORE, upon signing of this agreement, Mecklenburg EMS Agency will make available to the above named OBSERVER / STUDENT, the opportunity to ride as an OBSERVER / STUDENT in Mecklenburg EMS Agency with the EMT's and Paramedics of the Agency, in abidance by the rules of OBSERVER / STUDENT, you will follow the rules as set forth, and we reserve the right to terminate this agreement at any time with notice.

Signature of Name of Individual

Print Name

Date



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Ride Authorization (To Be Completed By The Agency)

Date of Ride: ____ / ____ / ____

Date/s of Ride/s: _____

Shift Start Time: _____ Off Time: _____

Level of Intern's Training (check appropriate level)

- EMT-B Student
- EMT-I Student
- EMT-P Student
- EMT-Basic
- EMT-Intermediate
- EMT-Paramedic
- Emergency Medicine Resident
- Applicant
- Other: _____

Assigned To: _____

Authorization: _____ Title: _____

This Authorization Slip Needs To Be Presented To The Agency's Preceptor

EMERGENCY CONTACT INFORMATION: (PLEASE PRINT CLEARLY)

NAME: _____

RELATIONSHIP: _____

PHONE: _____ ALTERNATE PHONE : _____

ADDRESS: _____