



# Jackson Hole Fire/EMS Operations Manual

Approved by: Brady Hansen  
Brady Hansen, Fire Chief

Approved by: Will Smith  
Will Smith, Medical Director

Title: Student/Observer Ride-Along  
Division: 7  
Article: 4  
Revised: 7/3/2018  
Pages: 6

## SECTION I - PURPOSE

To provide an opportunity for non-members of JH Fire/EMS to accompany and ride on JH Fire/EMS apparatus in the capacity of a student or an observer.

## SECTION II – GENERAL

- All interested persons must be 18 years or older.
- When riding in JH Fire/EMS apparatus, students and observers are required to remain seated and to wear a seatbelt at all times while the vehicle is moving.
- Students and observers are responsible for providing or purchasing their own meals.
- Students and observers are responsible to notify the Captain of any medical conditions that may put the individual or crew at risk.
- Calls with unknown length and exposure to environmental conditions should be expected. Students and observers should bring clothing appropriate for the climate condition for the time of year.
- Once you have returned all necessary forms for student/observer ride-along, a representative of JH Fire/EMS will contact you to confirm date/time of ride-along. If the date you have requested already has a student/observer, you will be required to choose another date.
- If you are unable to ride during your scheduled time, please provide notice of cancellation prior to scheduled time by contacting the Station 1 Captain at 307-413-2066.
- Ride-Along Request form, Affiliation Agreement and Confidentiality Agreement are valid for a period of 12 months from JH Fire/EMS approval date.

## SECTION III – STUDENT REQUIREMENTS

Students must be affiliated with an accredited, licensed medical training facility; a Wyoming Office of EMS sponsored course; or affiliated with an Agency holding a current Wyoming Ambulance License. JH Fire/EMS students participating in clinicals will follow school requirements.

The Agency must complete an Affiliation Agreement. Students who are not JH Fire/EMS members must complete a Ride-Along Request form.

Students may only ride during their regularly scheduled clinical rotation and may only perform or assist in patient care activities that have been approved by the outside Agency training program director.

Students will be signed up in the “Observer” slot in the scheduling software as “EMT Student”.

Students will be allowed to sign up between 07:00 and 22:00 hours.

*Exception: Overnight shifts may be approved on a case-by-case basis by the Training Chief or Duty Officer and shall also be dependent upon availability of sleeping quarters.*

Students shall function under the direct supervision of a JH Fire/EMS preceptor.

Students will wear the uniform identified by their training program. See Dress Code for Observers below for minimum requirements.

Students will only be allowed to act within his or her Scope of Practice and within the supervision of the JH Fire/EMS preceptor.

Students shall not be counted towards the minimum JH Fire/EMS staffing requirements.

Students will not be allowed to participate in firefighting, hazardous materials incidents or rescues where exposure to hazards is likely or certain.

Prior to scheduling a ride-along, all students must have submitted the following:

- Completed Ride-Along Request form
- Completed Affiliation Agreement
- Completed Confidentiality Agreement

#### **SECTION IV – OBSERVER REQUIREMENTS**

It is not the intent of this policy to allow for repeat scheduled observers. Persons wishing to ride on a regular basis are encouraged to apply to become a member of JH Fire/EMS.

Observers may not participate directly in hands-on patient care or field operations.

Observers may ride at either a staffed station, with an assigned Chief Officer or the Medical Director.

Observers will be signed up in the “Observer” slot in the scheduling software as “Observer”.

Observers will be allowed to sign up between 07:00 and 19:00 hours.

Observers will not be permitted to take any photos, videos and or audio taping unless specifically authorized by a JH Fire/EMS Chief Officer prior to the observation shift.

At the discretion of the Captain, Crew Leader or Chief Officer, the observer may be asked to terminate the ride at any time.

Based upon the situation and for safety considerations, the Captain, Crew Leader or Chief Officer may require the observer to remain either at the vehicle and or have the observer move to the command post.

Dress Code for Observers:

- Dark blue or black slacks or pants (no jeans) with a button-down shirt or polo shirt.
- Closed-toe shoes with a rubber sole
- Clothing, shoes and appearance should be neat and clean

Prior to scheduling a ride-along, all observers must have submitted the following:

- Completed Ride-Along Request form
- Completed Confidentiality Agreement

## **SECTION V – MUTUAL AID PARTNER RIDE-ALONGS**

Mutual Aid Partners include but are not limited to St. John’s Medical Center (SJMC), Grand Teton National Park, Teton Village Fire Department, Teton County Search & Rescue and Teton Valley (ID) Fire & Rescue. Current Wyoming licensed medical professionals over 21 years of age and providers covered by a current Memorandum of Understanding with JH Fire/EMS will be allowed to treat patients while completing ride-alongs. Licensed medical professionals that wish to participate in treatment must provide his/her current appropriate medical credentials. JH Fire/EMS Medical Director will be consulted prior to ALS provider ride-alongs. All providers will be required to act within their scope of practice.

For SJMC, coordination of rides will be through the JH Fire/EMS Medical Director and/or St. John’s Medical Center Emergency Department Manager.

Mutual Aid Partners may ride at either a staffed station, with an assigned Chief Officer or the Medical Director. Ride-alongs will be signed up in the “Observer” slot in the scheduling software as “Observer”.

No photos, videos and or audio taping unless specifically authorized by a JH Fire/EMS Chief Officer prior to the observation shift will be allowed.

Dress Code is department issued duty uniform. Scrubs are acceptable for SJMC Nurses, Doctors and Residents.

Prior to scheduling a ride-along, individuals must have submitted the following:

- Completed Ride-Along Request form
- Completed Confidentiality Agreement

## **SECTION VI – GUIDELINES FOR STATION OFFICERS**

Anticipate the student/observer ride-along and work with the Duty Officer to resolve any scheduling conflicts.

Ensure adequate, available and safe position for the observer (seat with seat belt) in vehicle.

Introduce the student/observer to the other crew members and any other supervisory personnel assigned to that station.

Familiarize the student/observer with the vehicle that they will be assigned to and any appropriate JH Fire/EMS or applicable County policies.

If there are any safety concerns and or behavior problems with an observer, the Captain or Crew Leader may terminate the ride at any time and the student/observer shall be required to leave the station or vehicle immediately. If the ride time is terminated, the Duty Officer must be notified immediately.

All students/observers must be documented in the Captain’s Log.

If a student assists in patient treatment the student’s name will be documented in the narrative of the Patient Care Report.

*JH Fire/EMS reserves the right to deny the request of any person(s) to ride as either a student or observer.*



## Student/Observer Ride-Along Request Form

PLEASE PRINT OR TYPE

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street/Box City State Zip

Age: \_\_\_\_\_ (Must be 18 Years Old) Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Ride-Along:  Student (Circle Skill Level: EMT, AEMT/EMT-I/Paramedic)  Observer only  
 Mutual Aid Partner (Circle Skill Level: EMT, AEMT/EMT-I, Paramedic, RN, MD/DO, other \_\_\_\_\_)

*All Students must have a completed Affiliation Agreement prior to Ride-Along.*

If an Observer, what is your reason to observe? \_\_\_\_\_

Type of unit requested:  Medic Unit  Battalion Chief  Medical Director

Specific Date(s)/Time(s) Requested: \_\_\_\_\_

*Students/Mutual Aid Partners can sign-up 07:00-22:00 Hours. Observers can sign-up 07:00-19:00 Hours.*

I have read the JH Fire/EMS Student/Observer Ride-Along Guidelines and agree to adhere to JH Fire/EMS and Teton County Policies.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed forms to [kfennessey@tetoncountywy.gov](mailto:kfennessey@tetoncountywy.gov) or to PO Box 901; Jackson, WY 83001

### For Office Use Only

Approved:  Yes  No \_\_\_\_\_  
Chief Officer/Medical Director Signature Date

Assigned Captain, Chief Officer or Medical Director Notified and Approve of Ride-Along

Student/Observer placed on JH Fire/EMS schedule

Reason for Denial: \_\_\_\_\_

*Prior to approval:* Students and observers must complete a Ride-Along Confidentiality Agreement.

Students must have a submitted Student Ride-Along Affiliation Agreement



## Student Ride-Along Affiliation Agreement

TO BE COMPLETED BY SCHOOL/AGENCY

PLEASE PRINT OR TYPE

School/Agency Affiliation: \_\_\_\_\_ Course Location: \_\_\_\_\_

School/Agency Instructor/Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

School/Agency Phone Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

PLEASE SELECT MOST APPLICABLE

\_\_\_ EMT STUDENT \_\_\_ AEMT STUDENT \_\_\_ EMT-I STUDENT \_\_\_ PARAMEDIC STUDENT

Student Has:

Yes  No Completed BLS for Healthcare Provider CPR training or equivalent

Yes  No Completed training following the National EMS Education Standards:

Well-Being of the EMT including Infection Control, Standard Precautions and Scene Safety

Completed training in Lifting and Moving Patients

Medical/Legal and Ethical Issues regarding Scope of Practice, Consent and Confidentiality

School/Agency Has:

Yes  No Covered by Institution/Agency Workman's Compensation or equivalent (provide copy)

Yes  No Covered by Institution/Agency General and Professional Liability Insurance (provide copy)

Yes  No Completed a background check with no felonies

Yes  No Immunization Records on File with the School/Agency. At Minimum:

Began HbV vaccine series

MMR

Negative PPD (Tuberculin Skin Test) within past year

RIDE AUTHORIZATION

Clinical Rotation Dates – Start & End: \_\_\_\_\_

Authorization: \_\_\_\_\_ Title: \_\_\_\_\_

Submit completed forms to [kfennessey@tetoncountywy.gov](mailto:kfennessey@tetoncountywy.gov) or to PO Box 901; Jackson, WY 83001

THIS AFFILIATION AGREEMENT MUST BE SUBMITTED PRIOR TO RIDE-ALONG



## Student/Observer Ride-Along Confidentiality Agreement

I \_\_\_\_\_ acknowledge that patients provide and Jackson Hole Fire/EMS collects personal, confidential information verbally, in writing, and through digital means. I understand and agree that any information pertaining to patients is strictly confidential and protected by federal and state laws and that I will not use or disclose patient information in any way, unless Jackson Hole Fire/EMS authorizes me to do so.

I agree that I will comply with all HIPAA policies and procedures in place at Jackson Hole Fire/EMS during my experience as a Student/Observer with Jackson Hole Fire/EMS. If at any time I knowingly or inadvertently breach patient confidentiality or violate the HIPAA policies and procedures of Jackson Hole Fire/EMS, I agree to notify Jackson Hole Fire/EMS immediately.

Failure to uphold these obligations may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of Jackson Hole Fire/EMS. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient information or confidential or proprietary information in my possession. I understand that any patient or confidential information that I see or hear while a student/observer will stay here at Jackson Hole Fire/EMS when I leave. The exception will be students who collect generic patient care report info for completion of their clinical experience requirements.

I have been given an overview of Jackson Hole Fire/EMS's HIPAA policies and Student/Observer Ride-Along Guidelines and have been given access to review those policies and I agree to abide by them.

I understand and agree via my signature below that I will not disclose any information of a confidential nature gained during my experience with JH Fire/EMS. I will conduct myself in an ethical and professional manner at all times. I also understand that failure to adhere to these expectations may result in legal consequences.

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

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

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

Submit completed forms to [kfennessey@tetoncountywy.gov](mailto:kfennessey@tetoncountywy.gov) or to PO Box 901; Jackson, WY 83001

**THIS CONFIDENTIALITY AGREEMENT MUST BE SUBMITTED PRIOR TO RIDE-ALONG**