South King Fire

31617 First Avenue South
Federal Way, WA 98003
253-839-6234

RIDE ALONG INSTRUCTION FACT SHEET

Welcome to South King Fire! You have been provided with an opportunity to observe firsthand what happens inside a fire department. While we cannot guarantee an emergency call during your ride- along, we hope that by spending time with our department, you will gain insight into the multi- faceted nature of the emergency response world, and the many roles and responsibilities faced by today's professional fire departments.

Please read the instructions below, thoroughly. Sign and return Attachment Pages 2,3,4, and 5 to the District via email to HR@southkingfire.org with the subject line of "Ride-Along Program".

Or mail the forms to our office headquarters. When paperwork is received it will be forwarded to the Operations Chief or designee for approval. Address:

South King Fire ATTN: Ride-Along Program 31617 1st Ave So. Federal Way, WA 98003

SUITABLE ATTIRE AND APPEARANCE: All applicants approved to ride-along are required to be suitably dressed in appropriate attire. Exposed tattoos which depict objects or word phrases that may be offensive, explicit in nature, or may cause fear in children, should be covered up during the ride-along. Excessive jewelry and/or exposed body piercings that pose a safety risk while riding should not be worn.

CLOTHING REQUIREMENTS AND RECOMMENDATIONS: Riders should wear a collared shirt or blouse, durable dark pants or appropriate denim jeans. Sturdy close-toe shoes and a jacket (weather dependent). Riders will be provided with an observer vest to wear during the ride-along. Participants involved in fire service or emergency services programs may wear their class uniform if it meets the requirements.

EXAMPLES OF CLOTHING NOT ALLOWED: Pants or denim jeans with holes, fraying, or embellishments. T-Shirts, sweatshirts and clothing with graphic images. Shorts, tank-tops, crop-tops or any clothing that deters from a professional image. The Operations Chief, designee or attending company officer may refuse a ride-along to anyone not properly attired.

OBSERVATIONS: Be aware that firefighters respond to many medical situations. You may observe scenes that become violent, traumatic or emotional. If you would like to discuss these possible situations, please inform the Officer in charge at the beginning of your assignment. Under no circumstances will a Ride-Along participant be permitted to enter a building that is on fire or pose real danger to the rider. Follow the directions of the Officer in Charge before and during responses.

FOOD: It is recommended to bring something to eat with you throughout the day that can be left at the station.

CONDUCT: You will be expected to act in a professional manner. Be aware that you may be entering private residences – do not touch or disturb possessions. Confidentiality is required regarding all incident reports. Disclosure of private health information outside of the organizations who are working with the patient is strictly prohibited.

CANCELLATIONS: If for any reason you need to cancel your ride-along, please call 253-946-7330 or email to HR@southkingfire.org. We will make every attempt to reschedule your ride. However, failure to notify the department of cancellation will prohibit the ability to reschedule the ride-along.

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SOUTH KING FIRE APPLICATION FOR RIDE-ALONG

APPLICANT INFORMATION

Full Name	Date of Birth
Home Address	Phone Number
Email Address	
Place of Employment or School	Gender: M F
Position/Title	
What is your interest in participating in this program?	
How did you become aware of the program?	
Date you are requesting to ride-along:	Time selection: 0800-1200 ☐ 1300-1700 ☐ / Fire Station Requested: Station 61
Medical information in case of emergency: (allergies, conditions, medications)	

I have read and understand the procedures for the Ride-Along program at South King Fire. The above information is true and accurate to the best of my knowledge.

_____
Signature of Applicant

FIRE DEPARTMENT USE ONLY

Approved: ❒ Yes ❒ No By: _____	Assigned crew: _____ Station: _____
Date of Ride-Along: _____	Time: (0800 – 1200) (1300 – 1700) OTHER _____
Officer in Charge: _____	HR/Officer Comments: _____

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WAIVER OF LIABLITY

SOUTH KING FIRE RIDE-ALONG PROGRAM

In order to ride in a South King Fire vehicle to observe the operations and functions of the department, the undersigned and Parent or Guardian for minors, recognizes and assumes all risks pertaining to the ride. The undersigned, the heirs, dependents and assigns of the undersigned, release South King Fire, its officials, employees, agents and representatives from all liability whatsoever for any injuries or damages sustained, and/or claims alleged or by the undersigned, in any way during the course of the observation and during the program.

Critical calls: If, in the Officer's opinion, the situation should not be observed, the undersigned may be shielded from the situation. Hostile or unstable situations fall into this category which may also include significant trauma incidents, CPR, SIDS, suicides, childbirth, extrication, amputations, gunshot wounds and similar situations.

Contamination: If the undersigned becomes contaminated by infectious materials, chemicals, or other hazardous materials, the Officer is required to follow department protocol for decontamination and follow-up by a medical adviser. The department will assist in the process and does not claim responsibility for the payment of those services.

Critical Incident Stress Debriefing: Observers who suffer from post-observation trauma are eligible to participate in a Critical Incident Stress Debriefing, (CISD) with the department Chaplain and/or Employee Assistant Plan, (EAP) provider. If the event causes severe psychological trauma, the Department will refer the observer for additional care through the EAP provider. The department claims no responsibility for payment of these services.

Injury to the undersigned: Shall be the responsibility of the department for initial medical care. Continued care and rehabilitation shall be the responsibility of the undersigned.

Personal Items Lost or Stolen: The undersigned agrees the District shall not be held liable for personal items lost or stolen during the ride-along. Observers are instructed to leave valuables at home.

_____
DATE OF WAIVER

_____ _____
SIGNATURE **If under 18, *PARENT OR GUARDIAN SIGNATURE*

Emergency Contact:_____ Phone Number: _____

***** The signature of a parent or guardian is required for those observers under the age of 18.***

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SOUTH KING FIRE RIDE-ALONG HIPAA ACKNOWLEDGEMENT

This notice and signature of agreement form is required for all ride-along observers that are covered by this policy.

PATIENT CONFIDENTIALITY / NON-DISCLOSURE AGREEMENT

1. All observers must strictly adhere to Fire Department policies and procedures relating to the Health Insurance Portability & Accountability Act of 1996 (HIPAA). In summary, it is the policy of South King Fire that:

   (a) Any information (medical or personal) received on any patient, by any means, will not be discussed with anyone that is not directly associated with the call. This includes the name, address, identity of any patient, their health condition, treatment, or medical history.

   (b) No documentation of a patient's name, address, or identity connected with their condition, treatment, or medical history is allowed. Similarly, observers shall not carry cell phones, cameras or other recording devices of any kind while riding.

   (c) Under no circumstances will the patient care report be copied for the observer.

   (d) Any observer will be immediately dismissed from the ride-along upon a breach of patient confidentiality as outlined above. The observer will be ineligible for any further ride time, and their organization will be notified.

2. I, the undersigned, and Parent or Guardian for minors, have read and understand the above summary of HIPAA policy expectations related to patient confidentiality and agree to comply with them. I also understand that I am to seek out the correct answers to any patient information and confidentiality questions I have before, during or after my ride-along experience.

By signing below, I affirm my commitment to maintain the confidentiality of patient information and to comply with the requirements specified above.

_____
Print Name

_____ _____
Observer's Signature Date

_____
** If under 18, PARENT OR GUARDIAN SIGNATURE

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SOUTH KING FIRE RIDE-ALONG ELIGIBILITY ATTESTMENT CHECK-LIST

This notice and signature are required for all ride-along observers covered by this policy.

1. **Do you have a present Health Condition or illness that would preclude you from participation in the ride-along?**

   YES ☐ or NO ☐ If Yes, Please explain _____

2. **Do you have a criminal history of assault or a weapons charge?**

   YES ☐ or NO ☐ If Yes, Please explain _____

3. **Do you have a Restraining Order filed against you from any party?**

   YES ☐ or NO ☐ If Yes, Please explain _____

4. **Are you currently named as a registered sex offender on any registry?**

   YES ☐ or NO ☐ If Yes, Please explain _____

5. **Are you currently named as a registered violent offender on any registry?**

   YES ☐ or NO ☐ If Yes, Please explain _____

6. **Are there any pending criminal actions filed against you?**

   YES ☐ or NO ☐

   If Yes, Please explain _

_____

_____

I, the undersigned, and Parent or Guardian for minors, attest the information provided above is truthful and complies with the eligibility requirements for ride-along participation.

_____
Print Name

_____ _____
Observer's Signature Date

_____
** If under 18, PARENT OR GUARDIAN SIGNATURE

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RIDE-ALONG EVALUATION FORM

We want to hear from you! Please complete this form after your Ride-Along experience. You may also use this form to note the date/time/location of your upcoming ride-along. Once completed, you can mail it to the address below, or leave it with the Officer in Charge:

South King Fire
ATTN: Ride-Along Program
31617 1st Avenue South
Federal Way, WA 98003

RIDER NAME: _____

STATION ASSIGNMENT: _____

DATE & TIME OF ASSIGNMENT: _____

OFFICER IN CHARGE: _____

1. Do you think the Ride-Along program was beneficial to you? Why?

2. Will the Ride-Along experience change the way you think about the Fire Department? If so, how?

3. Do you feel your time spent with the firefighters was informative? What did you learn?

4. How were you treated by the Fire Department personnel?

5. Is there anything you would change about the Ride-Along Program?

Thank you for your participation!