



Ride-Along Observer Policy

SECTION A: The observer must read and initial each safety rule below to formally: (1) acknowledge their understanding of the requirements, (2) indicate that he or she does not have any unanswered questions about how to comply with the provisions, and (3) signify his or her willingness to comply.

INITIALS	#	MANDATORY SAFETY RULES
	A.1	Observers shall follow the instructions of the hosting field crew, unless such instruction contradicts any element of the mandatory safety rules in this section.
	A.2	Observers shall not participate in the delivery of medical care to any patient at any time, regardless of current or past certifications/licenses or skills to do so.
	A.3	Observers shall not assist in the raising, lowering, loading, unloading, positioning, or adjusting the gurney at any time. Similarly, Observers may not participate in the lifting, movement, or repositioning of any patient.
	A.4	Whenever the AAV vehicle is in operation, Observers shall wear a properly adjusted seatbelt at all times.
	A.5	Given the risk of infectious exposure, Observers are strongly encouraged to seek the advice and services of their private physician <u>prior to participating</u> in a ride-along experience. In doing so, Observers can make an informal decision about obtaining appropriate vaccinations and receive other key information regarding how to reduce their risk of infectious exposure.
	A.6	If a patient has been identified as a potential carrier of an airborne or droplet pathogen (e.g. tuberculosis, meningitis, etc.) the Observer shall limit his/her exposure on scene and shall ride in the front passenger seat of the ambulance during transport. Be advised that early identification of such patients, prior to significant exposure, is not always possible.
	A.7	Observers shall not store, transport or consume any food or liquid in the patient compartment of the ambulance. Similarly, Observers may not apply lip-balm, make up, contact lenses or other items while in the patient compartment.
	A.8	All patient effects, environmental surfaces in the back of the ambulance, the gurney and medical equipment should be considered infectious. Therefore, Observers should cover areas of chapped, abraded or lacerated skin and wash their hands whenever an opportunity to do so is available (waterless hand cleaners are available in the field setting).
	A.9	While on-scene or otherwise within a 5-foot radius of any patient the Observer shall continuously wear AAV-issued eye protection regardless of the nature of the call, the hosting crew's failure to do so, or the Observer's individual perception of the relative risk of eye injury or infectious exposure.
	A.10	During potentially hazardous scenes or patient extrications, Observers must remain at a safe distance even if they are unable to observe the extrication and/or treatment take place. Similarly, Observers must seek a safe vantage point at scenes that present a moving vehicle hazard (i.e. busy streets, highways, freeways, etc.)
	A.11	For their own safety or due to operational circumstances, Observers must understand they might be dropped off by the AAV crew (in a safe location) or left at a scene any time during a ride-along. Similarly, Observers may be required to remain with the AAV crew until the completion of a long transport or the end of the scheduled shift.
	A.12	Observers are required to report any injury, illness, or exposure they perceive may have occurred during the ride-along experience to the hosting crew and the on-duty field supervisor. This notification must be made immediately or as soon as possible thereafter.

I have read, understood and initialed each of the safety rules above and, by affixing my signature below, I affirm my understanding/commitment to following the rules and the instruction of the hosting field crew or supervisors.

_____ (Signature) _____ (Date)



Ride-Along Observer Policy

This waiver is required for all ride-along observers that are covered by this policy.

SECTION B: PARTICIPATION IN AMBULANCE OPERATIONS, INCLUDING RESPONSE, ON-SCENE ACTIVITIES, RESCUE AND TRANSPOT IS DANGEROUS. AMERICAN AMBULANCE OF VISALIA (AAV) REQUIRES ALL PERSONS WHO WISH TO ACCOMPANY AAV PERSONEL AS AN OBSERVER TO ASSUME ALL RISK OF INJURY, ILLNESS OR DEATH.

- B.1 In consideration of being permitted to accompany the employees of American Ambulance of Visalia as they perform their duties:
- B.2 I hereby release, waive, discharge and covenant not to sue American Ambulance of Visalia, inc., its subsidiaries, Officers, directors, shareholders, agents, employees, representatives, attorneys, predecessors, successors, and assigns [collectively "AAV"] from all liability to me, and to my personal representatives, assigns, heirs and next of kin, for all loss, damage or claim of personal physical or emotional injury, property damage, or my death due to the negligence of myself, any third person or AAV.
- B.3 I hereby agree to indemnify and to hold harmless AAV from any loss claimed or suffered by me while accompanying AAV whether due to my own negligence, that of a third party or that AAV, and from any loss or claim suffered by AAV or any third party due to my own acts or omissions.
- B.4 I understand the risk of danger of physical harm inherent to ambulance operations. I am aware of the risk of grievous bodily or psychological harm, property loss and the risk of death as a result of many factors, including but not limited to: toxic or biological hazards, infection or disease, musculoskeletal injury, vehicular accidents, fire, gunshot, physical violence, crime, social insurrection, man-made or natural disaster.
- B.5 I voluntarily wish to face the dangers inherent to ambulance operations. In doing so, I will assume the risk of personal injury, illness, and death. I acknowledge that I have executed this agreement voluntarily, without duress, and in exchange for the opportunity to observe AAV employees in action.
- B.6 **I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM KNOWINGLY GIVING UP ANY RIGHT THAT I MAY HAVE TO SUE AAV FOR INJURY, ILLNESS OR DEATH AS A RESULT OF AN ACT, OMISSION OR THE NEGLIGENT CONDUCT OF ANY PERSON, INCLUDING EMPLOYEES OF AAV. I HAVE BEEN ADVISED TO SEEK THE ADVICE OF AN ATTORNEY REGARDING THIS AGREEMENT.**

***Please copy the above paragraph (Section B.6) in your own handwriting in the space below:

Print Name (clearly): _____

Signature: _____

Date: _____

Witnessed By: _____

Date: _____



Ride-Along Observer Policy

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

Patient Confidentiality

- C.1 All Observers must strictly adhere to AAV's policies and procedures relating to the Health Insurance Portability & Accountability Act of 1996 (HIPAA). In summary, it is the policy of AAV 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, or identity of any patient connected with their 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 / use cameras or other recording devices of any kind.**
 - (c) Under no circumstances will the patient care report be copied for the Observer for his/her agency, hospital, office or department. If a PCR is needed, a formal request can be made subsequent to the ride-along experience through appropriate channels.
- C.2 Any Observer will be immediately dismissed from the ride-along upon a breach of patient confidentiality as outlined in item D.1 (a-c) above. The Observer will be ineligible for any further ride time, and their organization will be notified.
- C.3 I have read and understood the above summary of AAV's policy expectations related to patient confidentiality. 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 medical and personal information and to comply with the requirements specified above.

Print Name

Observer's Signature

Date



Ride-Along Observer Policy

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

Trade Secrets & Non-Disclosure Agreement

- D.1 I acknowledge that, during the course of a ride-along, I may have access to or become acquainted with information concerning the operation and processes of deployment planning, design/use of computer software, propriety technical designs and methods, operational theories, secret processes, and other proprietary or confidential information [hereafter “confidential information”] that is owned by C.H.L. EMS, Inc. and its subsidiaries [“AAV”] and is used in operation of AAV’s business as operational methods, business strategies or trade secrets.
- D.2 I specially agree that I will not record, misuse, misappropriate, or disclose any such confidential information, directly or indirectly, to any other person or use them in any way without the expression written consent of an executive officer of AAV.
- D.3 I acknowledge and agree that the sale, unauthorized use or disclosure of any AAV’s confidential information that was obtained during the course of my ride-along(s), including information concerning AAV’s current business or any future work, services, products, or facts that any such work, or products are planned, under consideration, or in production, as well as any descriptions thereof, CONSTITUTES A CAUSE OF LEGAL ACTION through which I may be found liable.
- D.4 I further agree that all files, records, documents, drawings, specifications, equipment, and similar items relating to AAV’s business shall remain exclusively the property of AAV.

By affixing my signature below, I affirm my understanding of each of the provisions above and I am indicating my willingness to comply as outlined.

Print Name

Observer’s Signature

Date