



American Medical Response: Safety and Risk Management

AMR RIDE-ALONG OBSERVER POLICY

Version 1.0

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ATTACHMENTS

- A. ELIGIBILITY CRITERIA & PROCESS CHECKLIST / LOCAL APPROVAL FORM
- B. MANDATORY SAFETY RULES NOTIFICATION & AGREEMENT FORM
- C. ACKNOWLEDGEMENT OF UNDERSTANDING / LIABILITY WAIVER FORM
- D. HIPAA NOTIFICATION & AGREEMENT FORM
- E. TRADE SECRET AND NON-DISCLOSURE AGREEMENT FORM
- F. OBSERVER DRESS CODE AND INFORMATIONAL SHEET (Locally prepared)

BACKGROUND:

American Medical Response (AMR) recognizes that the environments in which our field employees operate include a wide array of hazards to which ride-along observers may be exposed. Allowing individuals to participate in observation rides may put them at personal risk of injury, illness, or other harm and could impact the company's level of compliance with patient confidentiality laws. Therefore, this policy has been created to assist all AMR operations to minimize the relative risk of harm to observers, employees and patients and to maintain compliance with existing laws and regulations.

PURPOSE:

The purpose of the *AMR Ride-Along Observer Policy* is to provide a structured approach that effectively addresses the key safety, health, risk management and regulatory issues that relate to ride-along observers.

ENFORCEABILITY:

The elements of this policy are considered work rules under existing labor agreements. Violation of any element may result in disciplinary action up to and including termination. Employees are required to familiarize themselves with these expectations. To obtain further information about the risks associated with ride-alongs, please contact your supervisor.



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1.0 Ride-Along Observer Eligibility Criteria

1.1 The following individuals are not covered by the provisions of this policy:

- (a) Those who are involved with providing care to a specific patient or assisting AMR with a call in progress, such as allied agency personnel, hospital staff, patient family members, legal guardians, or interpreters.
- (b) Paramedic interns and EMT students who are participating in their clinical experience with an AMR-authorized preceptor or field crew.
- (c) AMR management staff members who are carrying out their official job responsibilities.

1.2 Subject to the approval and documentation requirements outlined in Sections 2 and 3 of this policy, individuals who meet one of the following conditions are **“eligible”** to complete a ride-along with an AMR supervisor or field crew:

- (a) Officials who are employed by a regulating office / agency that has jurisdiction over AMR's operations, provided such officials intend to utilize the ride-along experience to carry out their formal oversight responsibilities or better understand AMR's operational practices.
- (b) Hospital-based clinical staff or administrators with which AMR does business, provided such individuals intend to utilize the ride-along experience to improve the healthcare operations between their facility and AMR.
- (c) Allied agency personnel (i.e. police, fire departments, etc.), provided such personnel utilize the ride-along experience as a way to preserve or improve the working relationship and degree of coordination between AMR and their respective agency.
- (d) Others, with sound business justification, that are deemed eligible by the Division Chief Operating Officer or the AMR Safety & Risk Management Department in advance.

1.3 **Given the specifications of Sections 1.1 – 1.2 above, all other individuals are prohibited from participating in ride-alongs, including general citizens, any member of print or broadcast media, off-duty or restricted-duty AMR employees, and AMR employee family members, friends, or acquaintances.**

2.0 Ride-Along Observer Approval Process

2.1 Before an eligible observer is considered **“approved”** to participate in a ride-along, the following process steps must be completed:

- (a) All documentation required by Section 3 of this policy must be completed and be submitted to the local General Manager or his/her designee.
- (b) The local General Manager / designee must verify a candidate's eligibility against Section 1.0 of this policy and carefully review the required documentation. If the GM / designee elects to support the ride-along request, complete / sign the process checklist.
- (c) All documentation must be routed to the Safety and Risk Management Department for additional review against the provisions of this policy. If the records are in order, a “Ride-Along Pass” will be created and sent to the associated operation via fax or email.
- (d) On the day of the ride-along, the operation should give the observer the SRM-issued Ride-Along Pass and a copy of the mandatory safety rules in Attachment B. He or she must



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then present the pass to the hosting field crew or supervisor at the start of the ride-along, and keep it with him/her at all times.

- 2.2 No ride-along observer is considered approved to participate in a ride-along unless they are in physical possession of a valid “Ride-Along Pass” that was issued by the SRM Department.**

3.0 Required Documentation

- 3.1 Prior to enabling an eligible observer to participate in a ride-along experience, the local General Manager / designee must assure that ALL of the following documentation has been completed legibly, copies have been routed to the SRM Department for review, and the originals have been archived in a local file:
- (a) Eligibility Criteria & Process Checklist / Approval Form (See Attachment A)
 - (b) Mandatory Safety Rules Notification and Agreement Form (See Attachment B)
 - (c) Acknowledgement of Understanding / Liability Waiver Form (See Attachment C)
 - (d) HIPAA Notification and Agreement Form (See Attachment D)
 - (e) Trade Secret and Non-Disclosure Agreement Form (See Attachment E)
 - (f) Observer Dress Code and Informational Sheet, if applicable (See Attachment F)

4.0 Safety of the Ride-Along Observer

- 4.1 The local General Manager / designee should:

- (a) Fully implement this policy within his/her area of concern, enable local staff to understand and apply this policy, and take decisive action if cases of non-compliance are identified;
- (b) Require that a member of the local management team reads through and discusses each of the safety rules found in Attachment B with the Observer in order to assure his/her understanding and willingness to comply.
- (c) Assure that each approved Observer is scheduled to ride with a crew that has at least two (2) years of combined experience and whom are likely to take active steps to safeguard the Observer from injury, illness, or other harm;
- (d) Take steps to routinely equip each approved Observer with suitable eye protection and other supplies reasonably necessary to reduce their risk of injury or illness.

- 4.2 The hosting field crew or supervisor should:

- (a) Excepting only those identified in Section 1.1 (a-c) of this policy, ensure that individuals who wish to ride with them during any portion of their shift are in physical possession of a valid Ride-Along Pass (i.e. SRM-issued, with appropriate dates and signatures). If in doubt, contact your supervisor.
- (b) Actively assist (i.e. firmly expect) each approved Observer to comply with the safety rules found in Attachment B of this policy.

- 4.3 Ride-along Observers are to follow the mandatory safety rules found in Attachment B.



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5.0 Exceptions

- 5.1 Any exception(s) to this policy must be approved by the Division Chief Operating Officer and the AMR Safety and Risk Management Department, in writing, and in advance of any such exception(s) being taken.

6.0 Additional, Non-Conflicting Local Policy Requirements

- 6.1 This policy compliments Ethics & Compliance Policy 125, effective May 2006.



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Attachment A: Please use this checklist to make sure each process step and the required documentation is completed. Route this checklist along with copies of the documentation to the Safety and Risk Management Department for review.

PROCESS STEPS	
<input type="checkbox"/>	Name of Observer _____ Contact Number ____ (____) _____ Name of hospital, agency, or department _____ Title of individual _____ Emergency Contact Name _____ _ (____) _____
<input type="checkbox"/>	The individual meets one or more of the eligibility criteria in Section 1.0 of the Ride-Along Policy. Specifically, he or she is: <input type="checkbox"/> An official from a regulatory office / agency that has jurisdiction of AMR <input type="checkbox"/> A hospital clinician or administrator <input type="checkbox"/> An allied agency responder or administrative staff member <input type="checkbox"/> Other, with business justification and approval
<input type="checkbox"/>	All required documentation has been completed legibly, copies will be sent to the SRM Department for review, copies will be retained in a local file: <input type="checkbox"/> Copies are complete and legible <input type="checkbox"/> Copies of all required documents are attached (route to SRM) <input type="checkbox"/> Documentation originals have been archived in a local file
<input type="checkbox"/>	Please indicate the specific date or a date range of the scheduled ride-along. This will be used to set an expiration date on the Ride-Along Pass. Date or Date Range: _____
<input type="checkbox"/>	Name of Operation: _____ Name of Person Completing this Checklist: _____ Contact Number(s): ____ (____) _____
<input type="checkbox"/>	AMR Management Signature (Local General Manager / Designee): _____ Date: _____



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Attachment B: 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
_____	B.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.
_____	B.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.
_____	B.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.
_____	B.4	Whenever the AMR vehicle is in operation, Observers shall wear a properly adjusted seatbelt at all times.
_____	B.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 informed decision about obtaining appropriate vaccinations and obtain other key information regarding how to reduce their risk of infectious exposure.
_____	B.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.
_____	B.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.
_____	B.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).
_____	B.9	While on-scene or otherwise within a 5-foot radius of any patient, the Observer shall continuously wear AMR-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.
_____	B.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.).
_____	B.11	For their own safety or due to operational circumstances, Observers must understand they might be dropped off by the AMR crew (in a safe location) or left at a scene at any time during a ride-along. Similarly, Observers may be required to remain with the AMR crew until the completion of a long transport or the end of the scheduled shift.
_____	B.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 instructions of the hosting field crew or supervisors.

_____ (signature) _____ (date)



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

PARTICIPATION IN AMBULANCE OPERATIONS, INCLUDING RESPONSE, ON-SCENE ACTIVITIES, RESCUE AND TRANSPORT IS DANGEROUS. AMR REQUIRES ALL PERSONS WHO WISH TO ACCOMPANY AMR PERSONNEL AS AN OBSERVER TO ASSUME ALL RISK OF INJURY, ILLNESS OR DEATH.

- C.1 In consideration of being permitted to accompany the employees of American Medical Response as they perform their duties:
- C.2 I hereby release, waive, discharge and covenant not to sue AMR, its subsidiaries, parents, siblings, officers, directors, shareholders, agents, employees, representatives, attorneys, predecessors, successors, and assigns [AMR] 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 even an employee or agent of AMR.
- C.3 I hereby agree to indemnify and to hold harmless AMR from any loss claimed or suffered by me while accompanying AMR whether due to my own negligence, that of a third party or that of an employee or agent of AMR.
- C.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 my 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.
- C.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. Therefore, I desire to and shall indemnify and hold harmless AMR. I acknowledge that I have executed this agreement voluntarily, without duress, and in exchange for the opportunity to observe AMR employees in action.
- C.6 **I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM KNOWINGLY GIVING UP ANY RIGHT THAT I MAY HAVE TO SUE AMR FOR INJURY, ILLNESS OR DEATH AS A RESULT OF AN ACT, OMISSION OR THE NEGLIGENT CONDUCT OF ANY PERSON, INCLUDING EMPLOYEES OF AMR. I HAVE BEEN ADVISED TO SEEK THE ADVICE OF AN ATTORNEY REGARDING THIS AGREEMENT.**

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

Print Name (clearly): _____

Signature: _____

Date: _____

Witnessed By: _____

Date: _____



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

Patient Confidentiality

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

Print Name

Observer's Signature

Date



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Attachment E: 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

- E.1 The Observer acknowledges that during the course of a ride-along an he/she may have access to or become acquainted with information concerning the operation and processes of deployment planning, design/use of computer software, proprietary technical designs and methods, operational theories, secret processes, and other information that is owned by AMR and is used in operation of AMR's business as trade secrets.
- E.2 The Observer specially agrees that he/she shall not record, misuse, misappropriate, or disclose any such trade secrets, directly or indirectly, to any other person or use them in any way without the expressed written consent of an executive officer of AMR.
- E.3 The Observer acknowledges and agrees that the sale, unauthorized use or disclosure of any of AMR's trade secrets that were obtained during the course of his/her ride-along(s), including information concerning AMR'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 the Observer may be found liable.
- E.4 The Observer further agrees that all files, records, documents, drawings, specifications, equipment, and similar items relating to AMR's business shall remain exclusively the property of AMR.

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



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Attachment F: This notice and signature states that the rider understands our local policies in Oregon and SW Washington.

Grooming and Dress Code Requirements

F.1 Riders are to dress neatly, conservatively and present themselves in a professional manner at all times.

F.2 **Dark blue or black pants** and a **button down blue shirt** are required (White shirts may be substituted if necessary. Note: Scrubs are not appropriate, as they do not provide a thick enough layer of protective clothing for the pre-hospital setting.)

F.3 **Black shoes or boots** shall be worn, and sturdy footwear is recommended due to possible treacherous footing conditions.

F.4 Sandals and colored athletic shoes are prohibited.

F.5 Shorts, levi-type jeans and T-shirts are prohibited.

F.6 Good hygiene and personal cleanliness are required at all times.

F.7 Full beards are not allowed while doing a ride-along with American Medical Response. Beards interfere with the fit of personal protective equipment (ie. respirators) placing the person at risk of exposure to airborne illnesses and hazardous materials.

Failure to comply with these requirements will result in the third rider being denied the chance to ride until the grooming/ dress code requirements are met.

General Considerations

F.7 A rider may not carry a weapon during their ride time.

F.8 A rider may not talk on the radio or answer company phones.

F.9 This is an observational ride-along, riders will never be put in the role of providing sole treatment or support for any patient.

Any rider who fails to observe these rules or who in any way threatens the safety of themselves, AMR employees, or patients, will be returned to the location from which they started and asked to leave.

Print Name

Observer's Signature

Date