



Unified Fire Authority Ride Along Program

The Unified Fire Authority Ride Along Program is intended to provide an opportunity for students to gain clinical field experience and for select UFA partners to observe and experience the job of emergency responder. If your ride along request has been approved, please follow the procedures outlined below:

1. Read the enclosed pamphlet *HIPAA Basics for EMS Practitioners*.
2. Read and sign the attached *Ride Along Program Guidelines*
3. Read and sign the attached *Release and Waiver*
4. Read and sign the attached *Confidentiality Agreement*
5. Submit an electronic copy of the participant or legal guardian's state issued ID



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PROGRAM GUIDELINES

1. All UFA Ride Along Program participants must follow directions of the Station Captain at all times. Failure to follow this direction may be grounds for immediate termination of a ride along experience.
2. Unless otherwise arranged in advance, all UFA Ride Along Program participants are observers and should not be engaged in emergency medical care or general firefighting and emergency response activities.
3. UFA Ride Along Program participants may be exposed to confidential information, also known as *protected health information* (PHI). Participants may not take any pictures, video, or otherwise record information from an emergency response.
4. Unless there is a compelling need that is clearly communicated to the Station Captain, UFA Ride Along Program participants should not bring phones, tablets, or other digital devices on emergency calls.
5. UFA Ride Along Program participants should not post any information or details about any emergency calls on social media.
6. UFA Ride Along Program participants should not enter into dormitory areas of the fire station unless approved by the Station Captain and escorted by a member of the on-duty crew.
7. UFA Ride Along Program participants shall wear gloves, eye protection, and respiratory protection (surgical mask or N95 as determined by the Station Captain) on all medical calls.
8. Under no circumstances shall a UFA Ride Along Program participant be permitted to enter into any environment that is or could be considered *Immediately Dangerous to Life and Health (IDLH)* or that would require any specially designed protective equipment.
9. All UFA Ride Along Program participants will wear seatbelts while riding in UFA apparatus including while observing medical care in the back of an ambulance.
10. UFA Ride Along Program participants should never ride in a different agency's apparatus or ride in a non-UFA ambulance.
11. UFA Ride Along Program participants must wear a designated "UFA Observer" vest while on scene of any medical or emergency call.
12. UFA Ride Along Program participants should notify the program coordinator of any physical limitations, food restrictions, or any other issues that may interfere with participation in this program prior to start of the ride along shift.
13. Unless otherwise arranged in advance, ride along shifts will start at 10:00 am and will end promptly at 6:00 pm (8 hours). Program participants should not stay past 6:00 pm unless expressly invited by the Station Captain.



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UFA RIDE ALONG PROGRAM CONFIDENTIALITY AGREEMENT

I, _____, understand that Unified Fire Authority provides services to patients which are private and confidential, and that I am a crucial step in respecting the privacy rights of Unified Fire Authority patients. I understand that it is necessary, in the rendering of Unified Fire Authority services, that patients provide personal information and such information may exist in a variety of forms, such as electronic, oral, written, or photographic and all such information is strictly confidential and protected from improper use and disclosure by federal and state laws.

I agree that I will comply with all confidentiality and security policies, procedures, and standards set in place by Unified Fire Authority during my experience as a student/guest/trainee with Unified Fire Authority. If at any time, I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Compliance Officer of Unified Fire Authority immediately.

In addition, I understand a breach of patient confidentiality may result in immediate suspension or termination of the privileges to gain clinical experience or observe the activities of Unified Fire Authority. Upon termination of this privilege for any reason, or at any time upon request, I agree to return all patient confidential information in my possession. As a rule, I understand any patient or confidential information I see or hear while a student/guest/trainee will stay with Unified Fire when I leave the program.

I agree to abide by all policies or my privileges to participate in clinical activities or to observe Unified Fire Authority activities will be terminated.