



Downers Grove Fire Department Rules and Regulations

200.17

Title: Ride-Along Program

Effective Date: July 26, 1996

Revised / Reviewed: November 18, 2013

Purpose:

This program is intended to provide an educational experience for those seeking to improve their knowledge and skills in the fire or EMS service. For members of the general public, this program is meant to increase their awareness of the services the Downers Grove Fire Department (the department) provides and how those services are delivered.

Scope:

Any person wishing to participate in this program shall secure a Participation Release form, Ride-Along Personnel/Safety Form and a Village of Downers Grove Notice of Privacy Practices packet (which includes a Statement of Understanding of Privacy Policies sheet) from the Fire Department Administrative office during normal business hours (Monday-Friday 8 a.m. to 5 p.m.). The participant and the Fire Chief or his designee of the Downers Grove Fire Department must sign this release **BEFORE** any rider will be permitted to schedule or participate in the ride-a-long program. The release is valid for a period of one (1) year. It is the responsibility of the participant to carry a copy of the release at all times. The participant shall be prepared to produce a copy at the request of any Downers Grove Fire Department Officer. In addition to the above, any person under the age of eighteen (18) must have the Participation Release Form signed by a parent or legal guardian.

Participants from other fire departments must submit a completed *Department Authorization Form*, before scheduling any ride time, from their chief indicating that the individual is riding for training purposes and is covered by their department's insurance should the participant get injured. This form will be distributed to the participant when he/she comes in to obtain all Ride-Along documentation.

Participants will be permitted to ride in any department vehicle; (including engines, trucks, and squads) as long as there are enough seat belts and his/her participation does not create a safety concern. **A seat belt shall be worn at all times.** Participants will be assigned to the apparatus appropriate to the desired experience.

All participants in the ride-along program shall conduct themselves in a professional manner, since the general public views them as representatives of the Department. Participants must also adhere to the department's grooming and dress standards. Participants must dress in a neat manner and will not be allowed to wear loose or

excessive jewelry; have offensive tattoos or unkempt hair. Open shoes, sleeveless shirts, and shorts are not allowed. Participants from outside fire departments or EMS agencies must wear their work uniform and provide all protective clothing. Participants shall not wear department issued clothing of the Department unless specifically approved by the Fire Chief.

Priority for riding shall be given to provisional paramedics from the Good Samaritan Emergency Medical Services System (EMSS), who are completing their certifying hours, and firefighters seeking experience (a list of objectives will be provided to each firefighter for training documentation with their home department). Second priority shall be given to nurses certifying in the Good Samaritan EMSS as a telemetry nurse, and VOC dispatchers completing their required riding times. Third priority shall be given to an EMT student or paramedic school trainee. Fourth priority will be given to Physicians-in-training from Midwestern University. Last priority shall be given to members of the general public, existing paramedics, EMT's, firefighters, and nurses.

Participants in this program will be allowed to ride from 0700 hours until 21:00 hours, seven days a week. The only exception to this rule will be with the approval of the Fire Chief or his designee; and this request must be made 24 hours in advance of the day(s)/time(s) that are being requested. Riders are expected to report for their shift at 0700 hours, so that they can participate in the morning shift briefing with the station personnel and assist or observe in vehicle and equipment checks. All participants, except those from the general public, whose sole purpose to ride is for observation only, shall participate in all day-to-day duties as specified by the Company Officer. Pre-scheduled riders have priority to ride. Although every effort will be made to honor the schedule, it is subject to change based on department needs. Four (4) participants will be allowed to ride each day, one assigned to each station. Riders for suppression experience can ride at any of the stations as long as there is no conflict with an EMS ride-along. The Company Officer shall notify the Battalion Chief of a rider when the daily line-up is phoned in and complete an activity entry in FireHouse, documenting the ride-along.

No riders will be permitted to participate in the Downers Grove Fire Department Ride-Along Program during a state of emergency or other event identified by the Fire Chief or his designee.

Under no circumstances shall a participant be permitted to take any pictures or video while on a call. The only exception to this is through special permission by the Chief or his designee. Each person participating in a ride-along experience is responsible to the Officers of the department and shall abide by all the Rules and Regulations of the Downers Grove Fire Department and the Village of Downers Grove. Any violation of the Rules and Regulations shall revoke a person's waiver and make him or her ineligible to participate in the Ride-Along Program. Officers of the department have the right to refuse a person the right to participate if they deem it to be in the best interest of the

Department. Any and all incidents pertaining to a participant shall be documented as an activity report in the fire department journal. The Shift Battalion Chief shall be made aware of these issues immediately.

Members of the general public wishing to ride are limited to two (2) riding experiences a year. For those interested in a fire service career, additional time may be granted with special permission from the Chief of the department. This is to be considered an observational experience only and they are not allowed to perform any duties.

The EMS Coordinator and the Chief in-charge of EMS will schedule student paramedics and nurses for ride time with the approval of the Fire Chief or his designee. Participants for EMS experience are limited to Stations 2, 3, and 5. Ride-along schedules will be maintained in the FireHouse journal. A total of two (2) paramedic students from each class will be allowed to complete their provisional time.

Provisional paramedics must have a letter of authorization from Good Samaritan EMSS stating that they are qualified to complete their certifying hour and proof of liability insurance. This letter and proof of insurance will be kept on file with the fire department administration.

EMS Participants

While riding, only EMT's, provisional paramedics, telemetry nurses, and Physicians-in-training shall be allowed to assist our personnel in patient care. All other participants are observers only, and are not permitted to render medical care. Additionally, members of the general public shall not be placed in a situation where they witness direct patient care, or have access to patient health information.

To participate in the Ride-Along Program, all paramedic students from the Good Samaritan Hospital system will wear the uniform polo shirt issued by Good Samaritan Hospital. The paramedic student will also wear dark uniform style pants with black safety toe shoes. Telemetry Nurses and Physicians-in-training will wear their normal work uniforms (scrubs).

Fire Participants

Riders participating in suppression experience will function at the discretion of the company officer. Participants will not be permitted in hazardous structures unless they are members of another fire department, have full protective clothing, their own SCBA, and prior permission to do so by the Company Officer, Battalion Chief and Fire Chief.

Requirements

Individuals participating in the Downers Grove Fire Department Ride-Along Program shall adhere to the following requirements:

1. At no time will participants utilize Downers Grove Fire Department exercise equipment.
2. Shall not drive or operate Downers Grove Fire Department apparatus – vehicles.
3. Shall not participate in the Ride-Along Program later than 21:00 hrs. without written consent of the Fire Chief or his designee.
4. Shall not wear Downers Grove Fire Department issued clothing without written consent from the Fire Chief or his designee.
5. Shall comply with all Rules and Guidelines of the Downers Grove Fire Department and Village of Downers Grove.
6. Shall complete all required paperwork to participate in the Ride-Along Program.
7. Shall report any injuries sustained to the Downers Grove Fire Department Company Officer.

Company Officers Shall

1. Verify that the participant has his/her copy of the *Participation Release*.
2. Inform the Battalion Chief of the presence of a rider, complete an activity report in FireHouse, and report any issues pertaining to riders to the shift Battalion Chief or Acting Battalion Chief.
3. Not allow riders to participate in any activity, which may be beyond the training or experience of the rider.

**VILLAGE OF DOWNERS GROVE
FIRE DEPARTMENT
RELEASE**

WHEREAS, the Downers Grove Fire Department is a public safety agency and continually operates in an environment which is representative of a metropolitan suburban area;

WHEREAS, The Village of Downers Grove, an Illinois Municipal corporation, is willing to allow the Participant to accompany and observe members of the Downers Grove Fire Department while such members perform their official fire duties, provided that the Village will not thereby incur the risk of any liabilities to the Participant or to any third party by virtue of actions of the Participant;

WHEREAS, the Participant acknowledges that the Participant has heretofore received adequate descriptions and representations from such fire department concerning the possible dangers and risks involved in accompanying Downers Grove Firefighters while they carry out official duties, and hereby acknowledges the aforesaid dangers and assumes the aforesaid risks, on the terms hereinafter set forth.

NOW, THEREFORE, in consideration of the Village of Downers Grove allowing the Participant to accompany and observe members of the Downers Grove Fire Department while such members perform their official duties as Firefighters, and in order to induce the Village of Downers Grove to permit such activities, the undersigned agrees as follows:

1. To indemnify, defend and hold harmless the Village of Downers Grove, against any and all loss, liability, damage, claims, costs and expenses arising, directly or indirectly as a result of the Participant being present with any Downers Grove Firefighter in conducting of official duties, and further hereby releases, covenants and agrees not to sue the Village of Downers Grove or any of its Firefighters, officials or employees for any injury, loss or damage which may be suffered by the Participant in connection with such activities, including any injury, loss or damage arising by reason of the negligence or alleged negligence, including willful and wonton negligence, of the Village of Downers Grove or any such Firefighter, official or employee of the Village of Downers Grove.

2. That Participant's time and services are on a volunteer basis, and at no time shall Participant be considered an employee of the Village or as an independent contractor of the Village;

3. That Participant assumes full responsibility for their conduct and actions, including any injury or damage that may result while participating in the Ride-Along Program;

4. The Participant will follow and obey all instructions given by Village personnel in the course of participation in the program, including any safety instructions or directions of Village personnel.

5. Permission is granted to the Village to photograph or videotape any and all participants for the purposes of publicity, public relations, advertising, newsletters and the like. Participant hereby discharges and releases the Village from any and all claims arising from the use of the photos, videotapes and any likeness thereof for the above-stated purposes.

I, _____ on behalf of myself (“Adult Participant”) or as parent/legal guardian of
(Participant Name/Legal Guardian)

_____ a minor child under the age of eighteen (18), agrees and
(Minor Child Participant),

understands as follows:

Nothing contained herein shall confer any rights on the Participant, and the Village of Downers Grove reserves the right to manager, revise or terminate the program described above at any time and for any reason it seems sufficient.

This agreement shall be binding on and inure to the benefit of the heirs, executors, administrators, successors and assigns of the respective parties herein.

Dated at Downers Grove, Illinois, this _____ day of _____, A.D., 20_____.

Signature

Address

Village Approval

Phone

If individual is under the age of eighteen, the following must be completed by a parent or legal guardian:

I, _____, am the parent or legal guardian of
_____, and I hereby consent to his/her participation in the above activities, and further agree to indemnify, defend and hold harmless the Village of Downers Grove, its officers, agents and employees from any and all claims, actions, suits or liability whatsoever arising out of his/her participation.

Signature

Address

Village Approval

Phone



DOWNERS GROVE FIRE DEPARTMENT

RIDE-ALONG PERSONNEL / SAFETY FORM

Rider's Name _____
Last First MI

Rider's Home Address: _____
Street
City State Zip

Rider's Home Phone: _____

Purpose of Ride-Along _____

Current medications: _____

Significant Medical History: _____

Emergency Contact Person: _____
Name Phone #

Identification Verification: Driver's License: _____
Photo ID: _____

Are you willing to complete a survey regarding your Ride Along experience?

YES _____ NO _____

Email address: _____

Riders are responsible for compliance with the Downers Grove Fire Department Regulation 200.17: Ride-Along Program.

Village of Downers Grove
NOTICE OF PRIVACY PRACTICES
(long form)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Privacy Officer who is the Director of Human Resources for the Village of Downers Grove located at 801 Burlington Avenue, Downers Grove, Illinois 60515. The Privacy Officer can be reached at 630/434-5536.

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff and other office personnel.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you receive while either enrolled in the Village of Downers Grove health plans or treatment provided to you through emergency services of the Village.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, this includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

Different personnel in our offices may share information about you and disclose information to people who do not work in our office in order to coordinate your care, billing and coverage.

For Payment We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received so the health plan will pay for or reimburse you for the service you received. We may also need to gather information about a treatment you are going to receive to obtain prior approval, or to determine whether the plan will cover the treatment.

For Health Care Operations We may use and disclose health information about you in order to run the health plan and make sure that you and our other employees receive quality care. For example, we may use your health information to evaluate the performance of our health plan in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer how we can become more efficient, or whether certain new treatments are effective and should be added to the plan.

Treatment Alternatives We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law We will disclose health information about you when required to do so by federal, state or local law.

Research We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

Organ and Tissue Donation If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Family and Friends We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you to discuss your health related issues.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who is with you after an ambulance is called for you that you suffered a heart attack and provide updates on your progress and prognosis.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV, infectious disease, communicable disease or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent* mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV, infectious disease, communicable disease or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the Privacy Officer and Director of Human Resources in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, the Village Manager will review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Privacy Officer and Director of Human Resources. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Privacy Officer and Director of Human Resources. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are Not Required to Agree to Your Request If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit *the Request For Restriction On Use/Disclosure Of Medical Information* to the Privacy Officer and Director of Human Resources.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the *Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication* to the Privacy Officer and Director of Human Resources. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact the Privacy Officer and Director of Human Resources.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer and Director of Human Resources for the Village of Downers Grove located at 801 Burlington Avenue, Downers Grove, Illinois 60515. The Privacy Officer can be reached at 630/434-5536. You will not be penalized for filing a complaint.

LEGAL REQUIREMENTS

- The Village of Downers Grove is required to abide by the terms of the notice currently in effect.
- The Village of Downers Grove reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains, as well as a description of how it will provide participants with a revised notice.
- The effective date of this notice is April 14, 2003.

STATEMENT OF UNDERSTANDING OF PRIVACY POLICIES

I, _____, have been advised and informed about the business and privacy practices in affect at the Downers Grove Fire Department as a result of the Health Insurance Portability and Accountability Act (HIPAA).

I understand that I am responsible for ensuring the security, integrity and confidentiality of patient health information created, obtained and/or maintained by the Downers Grove Fire Department.

I have reviewed, understand and agree to abide by the attached Notice of Privacy Practices.

I understand that non-compliance will be cause for removal from the Ride-Along Program at the Downers Grove Fire Department and possible legal actions for violations of applicable regulations and laws.

I agree to promptly report all violations or suspected violations of any of the above policies to the Downers Grove Fire Department Company Officer.

Print Name

Signature

Date

Downers Grove Fire Department Signature

Date