

**KENT COUNTY DEPARTMENT OF PUBLIC  
SAFETY/DIVISION OF EMS  
RIDEALONG WAIVER**

The undersigned applicant has requested the Kent County Department of Public Safety, EMS Division to allow him / her to ride in an EMS vehicle at a specified time with a Paramedic for the purpose of observing EMS activities.

The undersigned applicant understands that riding in an Emergency vehicle is an inherently dangerous activity likely to suddenly place the rider in circumstances beyond the control of the Department of Public Safety. I do hereby agree to assume the risks and dangers attendant to such activity, including but not limited to: damage to my property and/or personal injury to me as a result of motor vehicle accidents or motor vehicle collisions on either public streets or private property; damage to my property and/or personal injury to me as a result of altercations assaults, or any other acts associated with daily EMS activity; damage to my property and/or personal injury to me resulting from the acts of third parties whether caused by errors, omissions, or negligent acts of said third parties to myself; damage to my property and/or personal injury to me resulting from my own activities, errors, omissions, or negligent acts; property damage and/or personal injury to others resulting form my own activates, errors, omissions, or negligent acts.

Accordingly, the applicant, on behalf of himself / herself and his / her heirs, assigns or personal representatives, hereby agree to waive and release all claims he / she may have for any physical and / or psychological injuries, including death, sustained while participating as an observer riding along with Kent County Department of Public Safety EMS Division. This waiver shall be for the benefit of the Paramedic on duty, the Kent County Department of Public Safety, the Kent County Levy Court, and any of its other employees or agents. The following named individual, \_\_\_\_\_, by his/her signature hereto, does request permission and authorization to ride as a guest observer with the Kent County Department of Public Safety EMD Division.

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Signature: \_\_\_\_\_ Parent if Observer is under 18 \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Emergency Contact Name, # \_\_\_\_\_

Witness: \_\_\_\_\_

Requested Ride Date: \_\_\_\_\_, Time: \_\_\_\_\_

Approved Ride Date: \_\_\_\_\_, Time: \_\_\_\_\_

KCDPS representative: \_\_\_\_\_ County Number \_\_\_\_\_

**KENT COUNTY DEPARTMENT OF PUBLIC  
SAFETY / DIVISION OF EMS**  
**POLICY ON CONFIDENTIALITY AND DISSEMINATION OF PATIENT  
INFORMATION**

**STUDENT AND/OR RIDEALONG AGREEMENT**

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Kent County Department of Public Safety Division of Emergency Medical Services prohibits the release of any patient information to anyone outside the organization and discussions of protected health information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include but are not limited to peer review, internal audits, and quality assurance. I understand that Kent County Department of Public Safety Division of Emergency Medical Services provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Kent County Department of Public Safety Division of Emergency Medical Services patients. I understand that it is necessary, in the rendering of Kent County Department of Public Safety Division of Emergency Medical Services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such confidential information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure for treatment, payment and health care operations.

I agree that I will comply with all confidentiality policies and procedures set in place by Kent County Department of Public Safety Division of Emergency Medical Services during my entire ride-along and or student experience. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of Kent County Department of Public Safety Division of Emergency Medical Services immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my ride-along and or student privileges at Kent County Department of Public Safety, Division of Emergency Medical Services.

I agree to all conditions set forth above.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Printed Name* \_\_\_\_\_

*Program* \_\_\_\_\_

*Program Director or Representative* \_\_\_\_\_

**KENT COUNTY DEPARTMENT OF PUBLIC  
SAFETY/DIVISION OF EMS  
RIDEALONG/OBSERVER  
CODE OF CONDUCT AND DRESS CODE**

**Purpose:**

The Kent County DPS EMS Division Ride-Along Program is designed to provide a clinical learning or observation experience for students and members of the community interested in EMS. The program will provide the opportunity for direct visualization of patient care in the field. The Ride-Along program will also enhance knowledge and foster the team concept for members of surrounding communities.

The "Ride-Along" program will allow you to hear and see exactly how situations are handled and to give you better insight as to what Paramedics do in the field.

**Participant's Conduct:**

Participants must remain in the immediate vicinity of the Paramedic vehicle and will not accompany the paramedics outside of the area unless specifically directed by the senior paramedic. Participants must not touch or attempt to operate equipment or use any communication equipment without explicit authorization from the paramedic. Ride-alongs and students must not report impaired by drugs or alcohol. If a ride-along or student reports to a station and it is felt that he or she is impaired by drugs or alcohol they will not be allowed to ride on a unit and appropriate measures will be taken dependant on KCDPS policies and those of the sponsoring agency.

Participants will be subject, prior to approval, to an active warrant check, and queried in the Delaware State Police Sex Offender database. Kent County retains the right to refuse to grant a ride-along.

Firearms or other weapons are not permitted.

Participants might observe occurrences or activities during the ride-along which may require them to submit a written statement and/or testify in court at a later time.

**Dress Code:**

Participants must be appropriately attired and groomed. Approval to ride along may be denied if the participant is not properly dressed.

All participants will adhere to the dress code. All clothing will be in good repair, clean and ironed, without excessive adornment of insignias, jewelry or patches. The dress code is as follows:

- Dark blue or black pants, (no denim).
- Polo style or button oxford shirt (long or short sleeve) School uniform shirt is recommended.

- White or same color and same sleeve length T-shirt may be worn under above shirt.
- School identification badge is recommended, if provided by the school.
- Shoes or boots must be black, cleaned, shined and in good repair, dark socks must be worn with shoes.
- Coats, jackets or vest must be dark blue or black without patches or insignia.
- Hair must be clean and neatly groomed. All long hair must be pulled back and secured in a ponytail fashion.
- Wearing of excessive facial make-up is prohibited Jewelry is limited to one pair of post earrings, one ring, and one watch. No piercing of facial features or visible tattoos are permitted.
- Nurses may wear “scrubs” in good repair.

**Valuables**

There are no facilities to lock or secure valuables. It is recommended that the ride along or student not bring valuables.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Printed Name* \_\_\_\_\_

*Program* \_\_\_\_\_

*Program Director or Representative* \_\_\_\_\_

*Rev 1/2010 CG*