

# Standard Operating Procedures Manual

## **City of Poquoson Fire and Rescue**



### **City of Poquoson Fire and Rescue**

830 Poquoson Ave.  
Poquoson, VA 23662  
757-868-3510  
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### **PUBLIC EDUCATION AND RELATIONS**

**SOP#:** PR 2.00

**Title:** Ride Along Program

**Effective Date:** 01/01/2009

**Revised Date:** 01/01/2009

  
\_\_\_\_\_  
**Fire Chief's Signature**

  
\_\_\_\_\_  
**City Manager's Signature**

### **RIDE ALONG PROGRAM**

#### **I. PURPOSE**

The purpose of this procedure is to allow for students, representatives of the media, government officials, and others approved by the Fire Chief or his designee to accompany certain designated personnel in Department vehicles for purposes of observation of emergency operations.

This SOP is not all-inclusive and cannot encompass all situations that may be encountered.

#### **II. POLICY**

- Observers must be at least 18 years of age. 16 is acceptable with parental permission form completed or if a student in an EMT program with a ride along contract with Poquoson Fire/Rescue.
- There shall be no more than one observer per unit.
- The AIC assigned to that unit shall be responsible for the observer.
- The observer shall obey all orders or instructions issued by the Attendant in Charge on the unit.

- The observer must be either affiliated with the media; a government official; a member of another fire department or EMS agency; a student in a Virginia Office of EMS approved EMS course; have an interest in pursuing a career as a career or volunteer firefighter; and provide a reason for wanting to observe emergency operations by the Division.
- The observer must read, understand, and sign the Department Liability Release form.
- The observer must read, understand, and sign the Department Observer Statement of Understanding.
- The observer is there to observe only and not to participate (unless they are a student in a VA OEMS approved EMS course).
- The Officer in Charge shall assure that the observer understands all requirements and associated risks prior to riding.
- The observer must be familiar with the State Rules and Regulations concerning the Privacy Act (see below) and may share information obtained on calls only for purposes approved by the Fire Chief.
- All observers will report to the Officer in Charge who will then make a record of their presence in their Log Book.
- The Officer in Charge shall notify the Deputy Fire Chief any time an observer is present for ride along.
- All requests to participate in the observer program must be submitted to the Fire Chief's Office a minimum of (3) working days prior to the scheduled ride-along. Requests will be approved/denied within (2) working days after receipt. Any request not approved within this time frame should be considered denied.

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- All information must be filled out and signed before submission to the Chief's Office.
- A background check through the Virginia State Police must be completed at the observer's expense prior to the ride along application being reviewed. If a background check has been completed within the past 365 days, proof of that check will be accepted.

*Excerpt from Rules and Regulations of the Board of Health  
Commonwealth of Virginia Governing Emergency Medical Services:*  
**Medical information concerning any individual is  
confidential and shall not be shared or disclosed except for  
continuing medical care or for investigations by the  
Department of Health.**

**Poquoson Fire/Rescue Department  
Observer's Statement of Understanding**

I understand that, based on my participation as an observer on a Poquoson Fire/Rescue unit, I may be exposed to hazards or risks which include, but are not limited to, the following:

1. Motor Vehicle Accidents.
2. Exposure to hazardous materials.
3. Exposure to communicable diseases.
4. Injuries inflicted by violent persons.
5. Burns or combustion products at a fire scene.

I further understand that I am under direct supervision of \_\_\_\_\_ and agree to do as I am told.

I understand that I am to observe only and shall not participate.

I understand the Privacy Act and will safeguard anything I see or hear during my period of observation.

I have had the risks and issue of liability explained to me by \_\_\_\_\_, and voluntarily agree to abide by the instructions set forth in this statement.

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Witness

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Observer

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Witness

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Date

**Poquoson Fire/Rescue Department**

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## **Observer Program Release Form**

**KNOW ALL PERSONS BY THESE PRESENTS:**

That I, \_\_\_\_\_, (name), an observer who is eighteen (18) years of age or older, do enter into this release with the City of Poquoson, Virginia, a Municipal Corporation, hereinafter referred to as the "City", in exchange for permission to accompany or observe the Poquoson Fire/Rescue Department in any emergency or other situation that may be responded to, and I do further release from any and all claims, demands, rights and causes of action of whatsoever kind of nature, arising out of or from my presence on the Division vehicle or at the scene of any emergency or other situation that is responded to while I accompany or observe.

Reasons to observe emergency operations of the Poquoson Fire/Rescue Department:

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I fully assume any and all risks involved and further shall hold the City harmless from any claim, action, demand, suit, cause of action of whatever kind that may arise due to my presence and attendance.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of,

\_\_\_\_\_, 20 \_\_\_\_\_. 

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\_\_\_\_\_  
Signature of Observer

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

\_\_\_\_\_  
Organization Represented

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

\_\_\_\_\_  
Fire Chief or Designee

\*Return this completed form to the Fire Chief's Office before riding unit.

\*\*This Release Form is effective from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Poquoson Fire/Rescue Department**

**Parental Permission Form**

Dear Parent/Legal Guardian:

Your daughter/son has expressed an interest in participating in a ride along with Poquoson Fire/Rescue. Poquoson Fire/Rescue requests that you take a moment to review this letter. If you have any concerns, please discuss them with your daughter/son and/or the EMS Officer or Deputy Chief of Operations at Poquoson Fire/Rescue at 757-868-3510.

The Emergency Medical Services (EMS) system is a program which assists people injured or ill outside the confines of a hospital. The education curriculums used in Virginia are nationally recognized and developed by the U.S. Department of Transportation. Because of the responsibilities placed on EMS providers and their observers, Poquoson Fire/Rescue requires that anyone less than eighteen (18) years of age must have permission from their parent or legal guardian prior to participating in a ride along program. The individual must be at least sixteen (16) years of age.

To participate in the delivery of health care can be a very rewarding experience. However, the responsibilities of an EMS provider are great and at times extremely stressful. The balance of a patient's life may rest with the actions taken by the provider. The consequences of such situations can be positive; but can also be a source of frustration, guilt, and emotional distress. Physical injury is also a very real possibility. EMS providers are at a greater risk of exposure to infectious diseases, hazardous environments, and violent behaviors. Emergency Medical Services' training programs provide information on how to protect oneself when dealing with these hazards. However, the nature of EMS activities tend to place EMS providers in dangerous situations where the maturity and experience to deal with critical decisions is of the most importance.

By signing this document, you agree that your daughter/son has the capabilities of managing these mature matters. Poquoson Fire/Rescue welcomes all interested individuals to participate as an informed member in this very rewarding activity.

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I, \_\_\_\_\_ (parent/guardian), have reviewed this letter and discussed with my daughter/son the activities associated with being an EMS provider. Having no further questions, I consider my daughter/son, \_\_\_\_\_ (name), to possess the necessary maturity to participate in a ride along with Poquoson Fire/Rescue.

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_