



Ride-Along Program Packet

In Honor of John “Jake” Patterson Benner

Charlottesville – Albemarle Rescue Squad, Inc.

Volunteers Serving the Community Since 1960

Hi! **Thank you for your interest.** Charlottesville-Albemarle Rescue Squad (C-ARS) is pleased to have you participate in our Ride-Along Program. The Ride-Along Program is intended for Medical and Nursing students, current and prospective Emergency Medical Technician (EMT) students as well as members of our community.

C-ARS is a volunteer rescue squad composed of former and current University of Virginia students as well as members of the community from all walks of life. We provide emergency medical services to the population of Charlottesville and parts of Albemarle County and the University of Virginia. We also provide medical standby for various events in our area including but not limited to triathlons, Foxfield, both Charlottesville High and St Anne's Belfield School as well as University of Virginia football games.

The ride-along offers you the opportunity to observe the delivery of emergency medical care, rescue operations as well as the transfer of care to emergency room nurses and doctors. It also is designed to increase awareness of our emergency services through direct contact with the volunteers and their work in different scenarios. For current and prospective EMT students, it offers first-hand clinical experience and the chance to decide whether this is for you. It also allows you to meet and interact with some of our members as well as hang out with us during our downtime. Lastly, it gives you the opportunity to learn* how to take a blood pressure, radial pulse, respiration rate and see some of our equipment (Lucas 2, Bariatric lift, Glucose/Lactate meter, Philips HeartStart MRx monitor).

** Ask one of our knowledgeable and experienced personnel to teach you if you do not already know how to do it right*

In order to participate, candidates must meet one of the following criteria and be at least eighteen years old. Exceptions *may* be granted for interested individuals between sixteen and eighteen with the written consent of a parent or guardian.

- An interest in becoming an EMT or in volunteering/giving back to the community
- An interest in emergency medical services as media representative or decision maker (i.e., elected official, board member, leadership participant, taxpayer, etc.)

In order to prepare for this experience, we ask you read the following which explains how we operate, what is expected of you, and what is offered.

1. The shifts we have are (in military times) —
 - ^ Monday – Friday Day from 0630 to 1730
 - ^ Sunday – Thursday Night from 1730 to 0630
 - ^ Friday Night from 1730 to 0800
 - ^ Sunday Day from 0800 to 1730
 - ^ Saturday from 0800-0800

When picking a shift*, bear in mind that you are expected to complete the entire shift with the exception of Saturdays where you can choose to ride either the first 12hrs (0800-2000) or the last 12hrs (2000-0800). You are welcome to ride-along for the entire 24hrs, space permitting. Please do not pick a shift that you can only complete a segment of as it will not offer you the complete experience.

** UVA medical and nursing students will operate under the guidelines established by their clinical director*

2. Dress code —

You are expected to dress in navy blue polo T-shirt, long, navy blue pants, and closed toe black shoes/boots. However, you may dress in a white dress-up shirt, long khaki black/brown pants, and closed toe, brown/black shoes*. Think professional (That means **TUCK IN** your shirt)! Don't mix-and-match the two guidelines.

** UVA medical and nursing students are expected to dress under the latter guideline*

You are NOT allowed to wear hats or anything clothing with a sizable logo on it or shoes with bright colors, sandals, flip-flops, or any kind of open-toed shoes. Scrubs are not permitted.

You are NOT allowed to wear jeans, shorts, or sweat pants. For females, you also are NOT allowed to wear dresses, skirts, and tights/leggings.

Avoid wearing perfume/cologne as patients may be allergic to them. Avoid wearing clothes that are too tight. You should be able to have a range of motion as EMTs may have to be able bend their knees, kneel on the ground, and etc. for prolong period of times.

Utilize the reflective side of the observer jacket or don the safety vest when instructed or when you are on-scene of a motor vehicle accident or street/highway for any reason. It is for your own safety. Protect yourself.

3. No alcohol or drug consumption for at least 12 hours prior to the scheduled ride-along. This includes prescription drugs that may cause drowsiness or impair the ability to drive or operate machinery.
4. Arrive to shift 10-15mins ahead of your scheduled time. Do not be late! Upon arrival, you will have to sign the waiver, HIPAA participant agreement, AND the application IF submitted electronically (see below) and return all forms to the crew captain (He/she will have a white polo T-shirt with C-ARS written on the back). If you opt not to sign the waiver, the HIPAA participant agreement or the application, you will not be allowed to step on the ambulance and observe.^
5. Please help the crew you are assigned to with *checking the ambulance*. This occurs at the beginning of the shift and after certain calls (i.e., cardiac arrest, MVA with multiple patients, STEMI, etc.). This will help you better understand the types of equipment C-ARS carries and uses as well as where they are located. Do NOT be afraid to ask what something is or how it is used.
6. During your shift, not only will you have the opportunity to talk to our members about their experiences but you also will be able to do your homework, access the internet, watch TV, as well as nap or sleep when there are no calls to answer. In addition, you will be provided breakfast, lunch, or dinner, whichever is applicable. Please inform the crew captain if you have dietary restrictions (i.e., lactose intolerant, vegetarian, etc.). You are welcome to bring your own food.
7. Here's the basic structure and function of the local emergency response system.
All 911 calls in Charlottesville, University of Virginia, and Albemarle County are directed to the Emergency Communications Center located at 2306 Ivy Rd Charlottesville, VA 22903. When a call is a deemed to be a medical emergency, the 911 operator asks a series of questions to determine the subject's dispatch complaint and severity. Based on these questions, the dispatcher will tone the appropriate station to send an ambulance with a recommended level of training. If the call is life threatening, the dispatcher also will tone the appropriate fire department to respond as a first responder. Upon arrival the scene of the incident, the pre-hospital providers assess and treat the patient according to the Thomas Jefferson EMS Council protocols*. The patients are then transported to the hospital of their choice (either Martha Jefferson or the University of Virginia) unless the call is multisystem trauma or the hospital is on divert. En route to the hospital, the providers contact either University of Virginia's medical communications center or Martha Jefferson's charge nurse to provide a brief description of the patient and his/her complaint. This allows the hospital to prepare and have resources available immediately for sick patients upon their arrival.

* To learn more about the protocols that guide the delivery of pre-hospital care in our area, visit the following link--
http://www.tjems.org/images/uploads/2013_TJEMS_Protocols.pdf

8. In Virginia, providers function at 4 different levels.
 - EMT-Basic: These providers are the backbone of the local EMS system and perform do basic life support skills such as splinting, uncomplicated childbirth, CPR, administering aspirin or assisting with patients' medications.
 - Advanced EMT: Often called "traumas", these providers are allowed to practice advanced life support skills such as starting intravenous access, intraosseous access, and giving advanced medications such as Naloxone, D50, Epinephrine, Diphenhydramine, Glucagon, and Solu-Medrol.
 - EMT-Intermediate: Typically referred to as "medics", these providers do even more advanced skills such as interpreting 5-lead and 12-lead ECGs and intubations. Their medication set includes drugs that EMT Advanced can administer as well as cardiac drugs.
 - Paramedic: These are the upper echelon of pre-hospital providers and do even more advanced and invasive skills such as rapid sequence intubations (RSI) and surgical/needle cricothyrotomy.
9. While on a call, you are expected to act appropriately (No horse-playing. No cursing!). You may be asked to assist the attendant-in-charge (AIC) and the driver (If you are not comfortable doing something when asked, do not be afraid to verbalize it!) or just observe. Please refrain from asking questions about a call until the call has ended. Please do not talk about irrelevant topics in the presence of the patient. In addition, do not answer questions from family members or bystanders; refer them to the AIC or driver and do NOT interfere with patient care. You are expected to maintain patient confidentiality as defined by HIPAA.
10. You are expected to wear a seat belt at all times when the ambulance is in motion unless directed otherwise by the AIC and do not wander off/away from your crew members. They are responsible for your well-being and it adds unnecessary stress to the situation they have to deal with or manage.
11. Once you have completed your ride-along, please fill out and submit the questionnaire (see below) in a timely manner *(especially if you are interested in taking the Emergency Medical Technician – Basic (EMT-B) course)* to _____.^
12. The on-duty crew captain or duty officer has the right to send you home if deemed necessary for whatever reason. They also retain the right to deny you the opportunity to ride-along as they deem fit, without prior notice.

To schedule a ride-along, you also can drop the application off at our building, 828 McIntire Rd Charlottesville, VA 22903 in _____. Or, contact the coordinator via _____ with the completed ride-along application below. If you opt to submit this application electronically, bring a printed a copy of this document in its entirety the day of your ride along for paper submission.^

You will be contacted with the e-mail address you provide with the date & time of your shift and the crew captain's contact information once your shift has been scheduled.

If you have any questions, concerns, or comments, feel free to contact us.

Thank you for your consideration.

^ C-ARS EMT students and family members as well as UVA medical and nursing students and ALS interns scheduled through normal operational channels ARE NOT required to submit this application or feedback form but ARE required to submit the waiver and HIPAA participant agreement.

Charlottesville-Albemarle Rescue Squad, Inc. Ride-Along Application

This application MUST be filled out prior to being allowed to participate in our Ride-Along Program. You will NOT be allowed to ride-along in any circumstances unless all the necessary paperwork (This application, the subsequent waiver and the HIPAA participant agreement) are COMPLETED and SIGNED at the start of your scheduled shift. Note ANY falsified information or omissions on this application may result in denial of ride-along privileges.

C-ARS reserves the right to deny the opportunity to ride-along for any reason, without prior notice and reserves the right to terminate the ride-along at any point during the ride-along for any reason.

Applicant's Personal Information

Full name (First, Last)	Date of birth
Local address	
E-mail address	Primary phone number (Indicate Home, Cell)

Emergency Contact Information

Full name (First, Last)	Relationship
E-mail address	Primary phone number (Indicate Home, Cell)

Applicant Employment/Educational Information

Place of Employment/School	Position/Title
Address	
Supervisor's name	Telephone number
Can we contact them if necessary? If not, why? [] Yes [] No, because	

Criminal Background/History

Are you subject restraining order you from harassing, stalking, or threatening an intimate partner or child of such partner? [] Yes [] No
Are you under indictment or do you have charges pending in any court for any crime? [] Yes [] No
Have you ever been charged or convicted of a criminal offense? Please list the offense, date, and location. 1. 2. 3.
Are you currently taking any medication that could impair your judgment in a stressful situation? [] Yes [] No
Are you an unlawful user of marijuana, any depressant or stimulant, or any controlled substance? [] Yes [] No

Ride-Along Information

Please provide at least 3 dates including whether it is day, night, or both that you will be able to ride-along. The more dates you provide, the more likely we will be able to find one that works best for you and us. Refer to the shifts listed above as necessary.

- 1.
- 2.
- 3.
- 4.
- 5.

Will you need a ride to our building (828 McIntire Rd Charlottesville, VA 22903) and back home?

Yes No

Have you ever participated in this program? If yes, when did you last participated?

Yes on ___/___/20___ No

List any Emergency Medical, First Aid, or CPR training you have received and the dates completed.

- 1.
- 2.
- 3.

Are you currently affiliated with emergency services organizations? If yes, please list.

Yes with _____ No

Why are you interested in participating in this program?

What do you expect to get out of participating in this ride-along?

How did you become aware of this program?

I have read and understand the procedure for the Ride-Along Program at C-ARS. I certify under penalty of perjury the above information is true and accurate to the best of my knowledge. I further authorize the Charlottesville Police Department to check local agency records and disclose any of the same to C-ARS.

I understand that there is no right to participate in the program. I understand that sudden staffing changes may require rescheduling of any approved shift at any time, with or without prior notice to me. I further acknowledge that this application and all associated information remain the sole property of the Charlottesville – Albemarle Rescue Squad, Inc.

Signature of Applicant: _____ Printed Name: _____

Date: _____

Witness Signature: _____

(Parent, if between 16 and 18, and signed at our station)

For Agency Use Only

<p>Approved <input type="checkbox"/> Yes for <input type="checkbox"/> No, because</p>	<p>Signature (Crew Captain/Duty Officer only)</p>
<p>___ Completed WITHOUT incident ___ Failed to Appear ___ Completed WITH incident; Explain: ___ Refused to allow applicant to ride; Explain: ___ Terminated applicant's ride before/during scheduled time; Explain: ___ Other; Explain:</p>	
<p>Personnel (List unit number and all C-ARS members)</p>	<p>Comments</p>

Charlottesville-Albemarle Rescue Squad, Inc.
Ride-Along Participation Agreement
Assumption of Risk, Indemnity Agreement, and Covenant Not To Sue

I, _____, have requested that the Charlottesville-Albemarle Rescue Squad, Inc., ("C-ARS") allow me to come onto their facilities and to ride with their personnel on emergency equipment as part of C-ARS's Ride-Along Program. I am fully aware of the inherent risks associated with my participation in the Ride-Along Program, which include, but are not limited to bodily injury, physical disability, physical and mental diseases, death, and property damage resulting from the risks of motor vehicle accidents, exposure to infectious/contagious diseases, accompanying rescue personnel into high crime areas and the general uncertainty surrounding the provision of emergency services. Understanding these risks, it is still my decision to participate in the Ride-Along Program and in consideration of C-ARS allowing me to participate; I assume full responsibility for such risks. I agree that neither I, or my legal representatives, heirs, and assigns, will hold C-ARS, its officers, volunteers, or agents, responsible for any injuries, disabilities, physical and/or mental diseases, death, property damage, or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the Ride-Along Program, whether caused by the negligence of C-ARS, its officers, volunteers and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of C-ARS, its officers, employees and agents, from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charge to, or recovered from or sought to be recovered from C-ARS, its officers, volunteers and agents, as a result of my participation in the Ride-Along Program.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I further understand that permission to participate in the Ride-Along Program is granted subject to the rules and regulations of C-ARS and such permission may be restricted to specified periods of time or revoked entirely by C-ARS in its sole discretion.

*****CAUTION*** READ BEFORE SIGNING!**

Signature of Applicant: _____

Printed Name: _____

Date: _____

Witness Signature: _____

(Parent, if between 16 and 18, and signed at our station)

Charlottesville-Albemarle Rescue Squad, Inc.
HIPAA Participant Agreement

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended) and Virginia law limit disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, and for health care operational purposes. Additionally, the agency is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a participant in the agency's Ride-Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those personnel who will be conducting your ride along activities. No audio or video or still photography is allowed without prior written consent of the Chief. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by federal and/or state law.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, news articles); the Chief's office will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health-related information may be utilized without review and subsequent authorization of the Chief or his designee.

As a participant in C-ARS's Ride-Along Program, I understand the restrictions outlined above and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996, and federal regulation 45 CFR 164.502 as amended or similar provisions of Virginia law.

Signature of Applicant: _____

Printed Name: _____

Date: _____

Witness Signature: _____
(Parent, if between 16 and 18, and signed at our station)

Charlottesville-Albemarle Rescue Squad, Inc. Ride-Along Feedback Form

Thank you for riding along with our organization. We hope you had a memorable and enjoyable experience. Please take a few moments to fill out the questionnaire below honestly and personally, give examples when applicable. Answers can be longer than the space provided.

Personal Information

Full name (First, Last)	Occupation (If "Student", fill out row 3)	
E-mail address	Primary phone number (Indicate Home, Cell)	
Academic Major	Track (Pre-Med, Pre-PA, Pre-Law, etc.)	Graduation Year
When did you do your ride-along?		

Reflection

Which current members have you had the opportunity to interact with the most?
What expectations did you have prior to the ride-along?
What is one of the most memorable things (good or bad) you learned/saw/participated during your ride-along?
What things did you learn during your ride-along? What things did you hope to learn/do during your ride-along?
What did you enjoy about the ride-along? What did you not enjoy about the ride-along?
How could we have made the ride-along better?
Do you have any questions, thoughts, comments, suggestions, and/or complaints you would like to share?

If you are interested in becoming a certified Emergency Medical Technician - Basic (EMT-B), complete the section below.

Historically, the EMT-B class has been taught at C-ARS every Fall & Spring semester. It meets twice a week, Sunday and Wednesday, from 6pm to 10pm at our building. Sometimes, it is taught on Sunday and Tuesday. There are strict attendance rules (i.e., you must attend the first day of class to be enrolled in the course). The class follows National EMS Standards, as recommended by the National Highway Traffic Safety Administration. With the successful completion of the class, you will be eligible to take National Registry exam to become a certified EMT.

What interested you to become a certified Emergency Medical Technician (EMT)?
What are your long terms goals? What do you hope to gain from being an EMT?
Do you currently hold CPR, First Aid or any other relevant/pertinent Emergency Medical certifications?
Do you have any previous experience in any variation that you believe will help you?

