

ESCAMBIA COUNTY FIRE-RESCUE*Rules, Policies, and Guidelines***1205.035****Citizen Ride-Along Program**

Implemented: 5/22/15

Revised:

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Patrick T. Grace, Fire Chief**PURPOSE:**

The purpose of this policy is to establish a Ride-Along program and the procedures that will govern the program. This program is enacted to allow eligible citizens the opportunity to observe the day-to-day operations of Escambia County Fire Rescue and its personnel; to promote understanding of the duties carried out by those personnel; and to provide an educational experience for those citizens. This policy will provide a standardized process for determining program eligibility.

OBJECTIVE:

Escambia County Fire Rescue (ECFR) encourages interested citizens to familiarize themselves with the facilities, equipment and operations of Escambia County Fire Rescue. This is accomplished by touring station facilities and participating in ECFR's Citizen Ride-Along Program.

Coordination of the Citizen Ride-Along Program will be managed by the ECFR Training Office. (Ride-Along Program Coordinator)

SCOPE:

All personnel and any citizen desiring to participate in the ECFR Citizen Ride-Along Program

ELIGIBILITY:

Applicants will be required to have a criminal background check completed by ECFR prior to participating. The following acts of conduct may disqualify a citizen from being approved to participate in the program:

1. A citizen, who is the subject of an active criminal investigation or prosecution, or convicted of a felony, shall not be permitted to participate in the program.
2. A citizen, who is the subject of a restraining order for a person or address in or near Escambia County, shall not be permitted to participate in the program.
2. The Fire Chief, or his/her designee, whose decision is final, will evaluate a citizen for participation in the program who has a prior arrest history for a misdemeanor.

Law prohibits denial of the privilege to participate in the program on the basis of race, color, gender, religion, national origin, age, disability, marital status, pregnancy, sexual orientation and gender identity, or any characteristic protected by law. ECFR retains the right to deny participation to any citizen for the reasons specified herein and to disclose only such information as may be required by law.

ESCAMBIA COUNTY FIRE-RESCUE*Rules, Policies, and Guidelines***1205.035****Citizen Ride-Along Program**

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Patrick T. Grace, Fire Chief**PROCEDURE**

Application and Program procedures are as follows:

1. A citizen who wishes to participate in the program must read this policy, complete and submit the Ride-Along Program Application, Participation Agreement (Release/Waiver Form) and the Ride-Along HIPAA Agreement form. A copy of the applicant's state-issued driver's license or identification card will also be included. Completed forms should be submitted to the ECFR Training Office to initiate the approval process.

Applications must be submitted at least one week prior to your requested ride-along date. Applicants may either mail or bring in the documents to: 6575 North W Street, Pensacola, FL 32505.

2. Each participant must be at least eighteen (18) year of age or older.

3. Upon receipt of the results from the background check, the Ride-Along Program Coordinator will notify the applicant if he/she is approved to be a participant in the program. If approved, the applicant may schedule a ride-along date/time.

4. Only one participant will be permitted per station during a shift. The Ride-Along Program Coordinator may grant exceptions. Those participants who are fire certified, EMT certified, or interested in becoming a firefighter may schedule one ride-along per month.

Those participants who are not fire certified, EMT certified, or not interested in becoming a firefighter are limited to a total of four (4) ride-alongs, no more than one (1) per quarter.

5. Ride-alongs can be scheduled at any ECFR station between the hours of 7:00 am and 9:00 pm, Monday – Saturday, excluding holidays. If unable to participate on these days due to work commitment, exceptions will be discussed on a case-by-case basis.

6. The on-duty Battalion Chief may, at his/her discretion, suspend a scheduled ride-along due to operational circumstances, i.e., riots, storms, disasters, etc.



Patrick T. Grace, Fire Chief

RIDE-ALONG PARTICIPANT RESPONSIBILITIES:

A. Dress and Appearance

1. Ride-Along participant shall be neat and clean in appearance. Their personal hygiene and grooming must be acceptable to the assigned unit officer and Battalion Chief. While participating in the Ride-Along Program, the Ride-Along participant is, in effect, representing Escambia County Fire Rescue.

2. Attire at all times will be long pants, a shirt with a collar or a plain tee shirt (other than white, gray, or red), and if needed, a jacket. No writing or artwork is allowed on clothing, except small brand logos which are acceptable. Riders must wear flat, closed-toe shoes (steel-toe shoes are strongly recommended). Shorts and tank tops are prohibited.

Ride-Along participants shall not dress in a manner that may cause them to be confused with Escambia County Fire Rescue personnel, i.e. blue on blue clothing, blue BDU's etc.

The Battalion Chief or assigned unit officer will make the final decision regarding any questions pertaining to suitability of attire. Ride-Along participants from agencies other than Escambia County Fire Rescue may wear their agency uniform if approved by the Ride-Along Program Coordinator or Battalion Chief.

3. Ride-Along participant shall wear no jewelry, except a ring and a watch are permitted.

4. No visible body piercing (or piercing holes), to include ears (except by females), nose, eyebrows, and tongues. Earrings worn by females should be small posts, no "gauges" or earrings that could interfere with performing assigned duties. Piercing holes larger than those necessary to accommodate a small post earring, must be closed or covered.

5. A department provided identification vest or identification badge shall be worn at all times to identify the person as a Ride-Along. The vest or badge shall be turned in to the assigned unit officer and returned to the company officer's office at the conclusion of the ride.



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B. Health and Safety

1. Ride-Along participant must not become physically or verbally involved in an incident. Under no circumstances will a Ride-Along participant be permitted to enter a building that is or has been on fire until such time as the Incident Commander has declared the fire under control, all smoke has been cleared from the building, and the building has been determined to be safe for entry by non-operational personnel. Fire department personnel shall directly supervise such entry.
2. The possession of firearms is not allowed in any Escambia County Fire Rescue fire station or on any fire apparatus/vehicles.
3. Ride-Along participant may not be under the influence of alcoholic beverages or drugs during a ride-along. The assigned unit officer will not allow the Ride-Along participant to ride along if there is any reason to suspect that the Ride-Along participant is under the influence.
4. Ride-Along participant shall wear a seat belt as per State of Florida Law and ECFR Standard Operating Procedure "Seat Belt Usage."
5. Ride-Along participant shall carry a valid State of Florida or Government Issued Drivers license or identification card with them during the ride along.
6. Per the Escambia County No-Smoking Policy, tobacco usage is only allowed in designated "smoking areas". Per the policy, smoking is not allowed in County facilities or vehicles. Tobacco usage is defined as the use of tobacco in any manner or form.
7. Ride-Along participants are responsible for determining whether they are physically and psychologically healthy enough for a ride-along, and whether they are currently impaired due to illness, injury, medication, or the like. In any case of doubt, the Ride-Along participant should postpone the ride-along activity to another date.



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C. Conduct

1. Ride-Along participants are permitted in the day room, kitchen, truck room and rest rooms only. Offices are off limits unless accompanied by an officer. Bunkrooms (bed rooms) are strictly off limits. Any computer use will be under the supervision of the assigned unit officer.
2. A Ride-Along participant scheduled during meal times (breakfast, lunch or dinner) should bring food in for that day or check with the assigned unit officer to inquire about "buy-in" for meals, as food is not provided.
3. Ride-Along participants are expected to stay the whole time they are scheduled unless there is an emergency, at which time the assigned unit officer and the Battalion Chief should be notified.
4. Ride-Along participant will follow directives from officers at all times and are expected to behave in a respectful and courteous manner. Failure to follow the directions of the officers will result in loss of the privilege to participate as a Ride-Along participant.

D. Patient Privacy

1. At no time will Ride-Along participants be permitted to take pictures or use a video camera or any other audio-visual recording device while on the scene of an incident. Requests for media to ride along will be dealt with separately through the Fire Chief and the Escambia County Public Information Office.
2. All Ride-Along participants will treat PHI (private health information) as strictly confidential. The disclosure of PHI outside of the organizations who are working with the patient is strictly forbidden.
3. Ride-Along participants may not take, copy, or transmit response documents with individually identifiable information such as name, address, Social Security Number, photograph, medical history, or other information from which identity can be inferred.



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DEPARTMENT PERSONNEL RESPONSIBILITIES:

A. Battalion Chief

1. No confidential information will be discussed in the presence of a Ride-Along participant.
2. Assign participant to a unit and include the Ride-Along participant's name and officer to whom he/she is assigned on the duty roster.
3. Determine whether a crew has appropriate qualifications and equipment to take a Ride-Along participant on a ride-along.

B. Assigned Unit Officer

1. Check driver's license/identification card to properly identify Ride-Along participant as the one that is scheduled and provide participant a ride-along vest or badge. This vest or badge should be collected at the end of the ride-along and returned to the officers' office.
2. Advise the Ride-Along participant that the occupant restraint system (seatbelts) must be used at all times while the vehicle is moving.
3. Advise the Ride-Along participant of what will be expected at the scene of an emergency, and that they will not be allowed to become directly involved at the emergency scene.
4. Monitor the Ride-Along participant and ensure that the Ride-Along guidelines are adhered to.
5. Report any problems or concerns to the appropriate Battalion Chief and Ride-Along Program Coordinator. A Ride-Along Follow-up Report will be completed at end of each ride and submitted to the Ride-Along Program Coordinator.
6. The Ride-Along participant is not to participate in any emergency operations or to assist with any operations of fire apparatus (i.e. operating pump, grounds person, etc.).



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7. Safety of the Ride-Along participant should be ensured at all times during emergency operations:

- a. Maintain a safe distance from the emergency scene such that the Ride-Along participants' safety is not compromised.
- b. On a fire scene, the Ride-Along participant should remain with the unit unless otherwise instructed.
- c. On a medical call, the Ride-Along participant should remain at the distance instructed until such time an assessment of the situation is completed and the Ride-Along participant is redirected.

A Ride-Along participant may do the following activities:

- Assist in washing units
- Assist in station cleanup within designated areas
- Other duties at the discretion of the assigned unit officer or Battalion Chief
- Any lifting will be limited to less than 20 pounds

Ride-Along participants will not be given Fire Station door codes for any reason.



Escambia County Fire Rescue

Citizen Ride-Along Program

Purpose

The purpose of this program is to allow interested persons to ride on a departmental unit with Escambia County Fire Rescue (ECFR) personnel, during part of their 24-hour duty shift. The program is designed to increase awareness of the Escambia County Fire Rescue's emergency services, through direct contact with the medical first response/suppression personnel and their work at the scene of an accident, illness, fire or other incident.

Procedure

Persons wishing to participate in the Ride-Along Program must obtain an application from the ECFR Fire Administration Office or any ECFR Fire Station. Complete application and return to ECFR Fire Administration Office at least one week prior to the anticipated date of the ride. When returning the application, you will be required to sign the Liability Exemption Form in the presence of the Training Chief or his/her designee.

The following guidelines apply to anyone requesting to participate in the Ride-Along Program.

- Participants will be required to have a criminal background check completed by ECFR prior to participating.
- ECFR has the authority to approve or deny any request for participation in this program, or alter such request in the best interest of the department.
- Participants will be restricted to one ride ever three (3) months.
- Participants interested in becoming a volunteer firefighter may schedule one (1) ride per month.
- Participants must be 18 years of age or older to participate in the Ride-Along Program.
- Participant's attire shall consist of a collared shirt, casual slacks (no jeans) and comfortable shoes. Dress appropriately for weather conditions.
- ECFR has the authority to revoke an authorization at any time if a participant's conduct is not in the best interest of the department.
- The participant's ride shall last no longer than twelve (12) hours. Participants may not ride before 7:00 a.m. or later than 9:00 p.m.
- The participant may only observe operations/activities from a safe location. No Ride-Along participant is allowed to engage in, or otherwise participate in, tactical operations at the emergency scene, or physical training activities.
- Participants will be provided disposable earplugs or ear muffs to be worn during all Emergency (lights and sirens) responses and while at the incident scene.
- Participants will be provided a traffic safety vest to be worn whenever the apparatus is out of the station.

Placement of your signature below indicates you have read the policies related to this program and agree to abide by them.

Signature: _____ this ____ day of _____, _____.

Printed Name: _____

Escambia County Fire Rescue Citizen Ride-Along Program Application

Application must be filled out prior to participation and returned in person to Escambia Fire.
NO ONE will be allowed to participate unless all necessary paperwork is completely filled out and signed.

APPLICANT INFORMATION

Please fill in the information requested below. Prior to you being allowed to participate, the assumption of risk agreement must be completed with your signature being witnessed by a representative of Escambia County Fire Rescue. The completed form must be returned to the ECFR Training Office at least seven (7) days prior to your requested participation. Any false information or omissions on this application may result in disqualification for ride-along privileges. Escambia County Fire Rescue reserves the right to deny ride-along privileges for any reason, without prior notice.

All documents will be reviewed by the ECFR Training Office. You will be contacted to inform of approval or denial.

Full Name		Date of Birth
Home Address		HM/WK Phone Number
Driver's License Number	State	Cell Phone Number
Place of Employment or School		Gender (circle): Male Female
Position/Title	Major/Study	
Place of Employment/School Address		Business/School Phone #:
Organization(s) Represented		
What is your interest in participating in this program?		
Date you are requesting to "Ride-Along"	Unit You Wish To Ride	How did you become aware of this program?
Time you wish to "Ride-Along" (Must be after 7:00 A.M. but before 9:00 P.M. and for no more than twelve [12] hours total.)		

Please answer the following by placing a 'Y' for yes, or an 'N' for no, in the box to the right of the question:

Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such a partner?		Have you ever been charged or convicted of a criminal offense? Please list the offense, date, and location: _____ _____	
Are you under indictment or do you have charges pending in any court for any crime?		Are you currently taking any medication that could impair your judgment in a stressful situation?	
Have you ever participated in this program? If yes, when did you last participate?		Are you an unlawful user of marijuana, any depressant or stimulant, or any controlled substance?	

I have read and understand the procedure for the Ride-Along Program of Escambia County Fire Rescue. I give consent to Escambia County to perform a criminal background check. The above information is true and accurate to the best of my knowledge.

Signature of Applicant: _____ **Printed Name:** _____

FOR FIRE DEPARTMENT USE ONLY

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Comments: _____ _____ Rode with: _____	___ Failed to appear ___ Refused to allow applicant to ride Explain: _____ ___ Terminated applicant's ride before scheduled time Explain: _____
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Return completed form in person to the ECFR Training Office at the Escambia County Fire Rescue, 6575 North W Street, Pensacola, FL 32505. If you have any questions, please call 850-475-5530.

Escambia County Fire Rescue
Ride-Along Participation Agreement
Assumption of Risk, Indemnity Agreement, And Covenant not to Sue

I, _____ have requested that the Escambia County Fire Rescue allow me to come onto Fire Department facilities and to ride with Fire Department personnel on emergency equipment as part of the Escambia County Fire Rescue'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 Fire 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 Escambia County Fire Rescue 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 Escambia County, Florida, its officials, employees or agents, responsible for any injuries, disabilities, physical and 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 Escambia County, Florida, its officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of Escambia County, Florida, 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 Escambia County, Florida, its officers, employees 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 State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, 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 Escambia County Fire Rescue and such permission may be restricted to specified periods of time or revoked entirely by Escambia County Fire Rescue in its sole discretion.

My Signature _____ this _____ day of _____, _____

Printed Name: _____

Witness Signature _____ this _____ day of _____, _____

CAUTION: READ BEFORE SIGNING

**Escambia County Fire Rescue (ECFR)
Ride-Along Program HIPAA Participant Agreement**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended) limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Additionally, ECFR 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 ECFR 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 departmental personnel who will be conducting your ride along activities. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, news articles); the ECFR Training 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 ECFR Training Chief or his designee.

As a participant in the Escambia County Fire Rescue 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, Florida State Statute 456.057(7)(a) and federal regulation 45 CFR 164.502 as amended.

Ride-Along Participant Signature

Date

Printed Name of Ride-Along Participant

Witness

Date

ESCAMBIA COUNTY FIRE RESCUE

CHECKLIST FOR RIDE-ALONG PARTICIPANTS

For Office Use Only

Initial Below

1. _____ Completed application, Waiver and HIPAA forms submitted to ECFR Training Office.
2. _____ Applicant is 16 years of age or older. If applicant is under 18 years of age, signature of parent/guardian present on Application, Waiver and HIPAA Agreement.
3. _____ Applicant request is within Ride-Along policy acceptance guidelines.
4. _____ Approval Disapproval of affected Battalion Chief. Application routed to affected shift officer for assignment.
5. _____ Approval Disapproval of assigned unit officer
6. _____ Ride-Along informed they are cleared to ride, confirm ride date & time.
7. _____ Ride-Along advised of their responsibility for providing/paying for their own meals (i.e. Shift might require breakfast, lunch and/or dinner).
8. _____ Ride-Along Follow-up Report completed by assigned unit officer.
9. _____ Ride-Along Request, Report and checklist forwarded to the affected Battalion Chief for review.
10. _____ After completion of Ride-Along all documents forwarded to ECFR Training Office.

ESCAMBIA COUNTY FIRE RESCUE
RIDE-ALONG FOLLOW-UP REPORT
(To be completed by assigned unit officer)

Date of Ride _____

Assigned to: _____ Shift: _____

Name of Rider: _____ Age: _____ Sex: M / F

Rider's business, occupation, or name of school: _____

Special medical information or services requested: _____

Ride-Along scheduled by: _____ Assigned to: _____

Note any unusual activity which might be of later significance, such as reactions by citizens to the rider, comments of the rider, or other problems you felt were significant.

Number of hours and time of day rider was in unit: _____

Did the rider interfere with your duties? Yes / No If so, how?

Do you recommend this person for future participation in the Ride-Along Program? Yes / No

Officer's Signature

Officer's Printed Name

Please complete this form and send a copy to the ECFR Training Office.

Dear Ride-Along Participant,

Escambia County Fire Rescue hopes that your Ride-Along experience has been informative, enlightening and has given you an insight into the issues confronting the fire department, your firefighters, and your community. Any comments you have, positive or negative, will be appreciated.

Sincerely,

Patrick T. Grace
Chief of the Department

RIDE-ALONG PARTICIPANT COMMENTS

What impressed you the most about your ride?

In what way did this experience affect your attitude toward Escambia County Fire Rescue?

Relate any suggestions and/or criticisms of the program.

Do you think the Ride-Along program should be retained? If so, how could it be improved?

Name of Ride-Along Participant _____ Age _____

Escambia County Fire Rescue thanks you for your participation in this program, and for your responses to our questions. They are asked in an attempt to upgrade the Ride-Along program for future participants.