



Charles County Unified Ride Along / Observer Program



Approved: Andrew Spalding, Chief 
Approved: Mark Kaufmann, Chief 
Approved: Michelle Lilly, Director 

I. Purpose

To establish a protocol for approval of a “ride-along” observer program and application.

II. Definitions

1. Members – any person that is a volunteer of the Charles County Volunteer Fire and/or EMS Association/s and/or respective companies; or is an employee of Charles County Department of Emergency Services.
2. Civilian – For the purpose of this SOP, a civilian is defined as any person who is not a member, as defined above.
3. “Ride-Along” observer- For the purpose of this SOP, a “ride-along” is defined as an arrangement for a civilian to act as an observer alongside a member to witness/review their day-to-day duties and activities.
4. Student “Ride-along” – For the purpose of this SOP, a student “ride-along” is defined as any student who has credentialled affiliation with a certified fire, rescue and/or EMS instructional institution. Such institutions may include but are not limited to MFRI, College of Southern Maryland – Paramedic Program and the Prince George’s Community College – Paramedic Program.

III. Policy

1. The both the County and the Volunteer Department agree to notify the each other in writing, at least five (5) business days in advance of any proposed student and/or other approved ride-along. All ride-alongs must be pre-approved by the Volunteer Department, must comply with this policy.
2. The Volunteer Department reserves the right to deny access to any ride-along participant, to terminate any ride-along and to remove any ride-along participant from its premises in accordance with this policy.
3. Civilians may participate in a “ride-along” as an observer upon completion and approval of the “Ride-Along” Observer Program Forms, see the attached forms.



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4. Civilians who request to ride as an observer are limited to three (3) "ride-alongs" per month.
5. Student "ride-alongs" may have arrangements via a memorandum of understanding (MOU) to "ride-along" for a period of time that is prudent to the completion of their course of study. Each student is required to complete the "Ride-Along" Observer forms and be approved prior to their first scheduled "ride-along".
6. Civilians permitted to ride as observers may NOT participate in the following activities:
 - a. Operating any County or Member Department emergency vehicles;
 - b. Operating the stretcher or stair chair;
 - c. Operating rescue tools and /or equipment;
 - d. Engage in any Fire/Rescue/EMS operations;
 - e. Administering medications;
 - f. Performing patient care;
 - g. Operate the county radio system;
 - h. Wear a county issued uniform or jacket.
7. Student "ride-alongs" may operate within the scope of their arrangement as set forth in the MOU between the County and the instructional institution.

IV. Procedure

1. All persons requesting to participate in the "ride-along" program must complete the "Ride-Along" Application and receive approval prior to the selected dates of the "ride-along".

V. "Ride-Along" Observer Program Rules

1. Participants may be asked to wear a safety vest during the "ride-along".
2. The DES EMS Captain or other designated supervisor of the participant, may terminate the "ride-along" observation at any time, if in his/her opinion, the continued participation presents an undue risk, or the participant's conduct, deportment, or sobriety is such that continued participation is not in the best interests of the Department(s). A written report will be completed stating the reason(s) for termination and copies sent to the DES Director and the Station Chief.
3. The hours of the participant's "Ride-Along" will be established as part of the approval of the application and will be recorded on the approval page. These time limits may be



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modified or terminated at the request of the participant.

4. Extensions of "Ride-Along" time limits may only be made with the approval of the DES Medical DES EMS Captain or Station Chief.
5. "Ride-Along" participants are not permitted to stay overnight and will not occur past 2300 hours.
6. "Ride-Along" participants are prohibited from carrying with them, during the "Ride-Along", any: flashlight, camera, radio of any type, tape recorder or player, binoculars, firearms, or any similar device, unless authorized by the observer's supervisor.
7. Should an observer or student "ride-along" become injured or be involved in an accident of any type, the DES EMS Captain or Station Chief (whichever is appropriate) must be contacted immediately.
 - a. The DES EMS Captain will:
 - i. Notify the Station Chief or Chief Officer's designee of the injury/accident;
 - ii. Complete the necessary incident forms, per Chapter 24 of the Charles County Safety Manual, and submit them to the Safety Office, copying the chain of command.
 - b. The Station Chief will ensure that the injury/accident is documented in accordance with Station policy.

VI. Reasons for Program Denial

1. Basis for any denial of a request to "ride-along" and observe may include, but may not be limited to, the following:
 - a. Civilian Criminal Record;
 - b. Civilian Medical Condition;
 - c. Previous denial of "ride-along";
 - d. Failure to follow the rules of this policy, Code of Conduct, station rules or direction of the unit supervisor;
 - e. Previous dismissal from Emergency Services, or from a member Station;
 - f. Any other cause deemed to not be acceptable by the DES Director and the Station Chief, or their designee.



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"Ride-Along" Observer Program Application

Name: _____ Date of Birth: _____
First Middle Last

Drivers License #: _____ State of Issue: _____ Sex: _____

Home Address: _____

Telephone#Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

Are you a member of a civic association or business employee? No: Yes: If yes, give name
and position in organization: _____

Reason you request to ride: _____

Date you request to ride: _____ Hours of ride (days or evenings): _____

Have you previously ridden with any Division or Station? No: Yes:

If yes, list the Department and date(s): _____

Have you previously been refused participation in this program or other similar programs? No:

Yes: If yes, approximate date and reason for refusal: _____

Do you have any medical condition that might affect your ability to participate in this program? No:

Yes: If yes, explain: _____



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Do you have a criminal record or are you currently involved in any potential legal matter arising from any traffic or criminal matter as a defendant, plaintiff, or witness? No ___ Yes: ___ If yes, explain: _____

In the event of an emergency, the following person may be contacted:

Name: _____ Relationship: _____

Address: _____ Telephone Numbers: _____

I certify that all information provided above is accurate to the best of my knowledge:

Signature of Applicant: _____ **Date:** _____

Forms Completed:

Liability Waiver & Indemnification Agreement **Confidentiality Agreement**
 Authorization of Medical Treatment

Designated Time and Location of "Ride-Along" Observation:

Beginning time: _____ **Date:** _____

End time: _____ **Date:** _____



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This request has been: (choose only one)

Denied reason: _____

Approved

If the "ride-along" has been requested through Emergency Services, all three signatures are required. If the "ride-along" is requested in a Station, then only the Chief Officer signature is required.

DES Emergency Medical Services Chief

Date

Director Department of Emergency Services

Date

Chief or Designated Chief Officer Member Department (Rank & Department)

Date



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WAIVER OF CIVIL LIABILITY AND INDEMNIFICATION AGREEMENT

Upon approval, I _____ hereby release and hold harmless Charles County Emergency Services (DES) and the Charles County Volunteer Fire & EMS Associations, including all member companies, and any and all agents, officers, servants, employees, volunteers, attorneys, or other representatives of the foregoing from any and all liability, claims, demands, actions, and causes of actions, whatsoever, arising out of or related to any loss, property damage, physical injury, contagious disease, or death that may be sustained by me while, in, on, or upon any premises, vehicles or apparatus owned, occupied, or used by the foregoing, or which may be sustained by me while at the scene of any real or apparent emergency situation requiring a response of the DES or Association member companies, or while commuting to and from the DES or the Association member department location and other points.

I hereby certify that I am duly aware of the dangers, risks and hazards, including serious physical injury or death, inherent, upon participating in the "Ride-Along" Observer Program, that such dangers, risks and hazards may exist even in non-emergency situations, and being duly aware of such dangers, risks and hazards, I hereby elect, voluntarily and of my own free will, to participate in the "Ride-Along" Observer Program. I hereby assume all risks of loss, damage, and/or injury, including death that may be sustained by me or by any of my property while participating in the "Ride-Along" Observer Program. I understand, at times, the member assigned to supervise me, may request that I remain in the vehicle for reasons of safety. I will honor any such request without question, or my privilege to participate in the "Ride-Along" Observer Program may be terminated immediately and may be denied again in the future.

This waiver shall be binding upon my relatives, spouse, heirs, distributes, next of kin, executors, administrators, and any other interested parties.

Printed Name: _____

Signature: _____ Date: _____



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Confidentiality Agreement

I understand that Charles County Department of Emergency Services and Charles County Volunteer Fire & EMS Association, including all member companies, have a legal and ethical responsibility to maintain the privacy, to protect the confidentiality, and to safeguard the personal health information of its patients.

I understand that during the course of my "ride-along" observation, I may see or hear confidential information such as operational or individual information that both the Charles County Department of Emergency Services and Charles County Volunteer Fire & EMS Association, including all member companies, are obligated to maintain as confidential. As a condition of my "ride-along" observation, I understand that I must sign and comply with this confidentiality agreement.

By signing this document, I understand and agree that:

- I will not disclose patient care information and/or confidential information.
- I will not discuss or share any information pertaining to confidential information observed during my "ride-along".
- I understand that it is not acceptable to discuss any patient care information, even if specifics such as a name, are not used.
- I will not inquire about, or facilitate the release of any confidential information for any individual or party who does not have proper authorization to access such information.
- I will not make any unauthorized transmissions, copies, disclosures, inquiries, or modifications of patient information or confidential information. Such unauthorized transmissions include, but are not limited to; removing and/or transferring confidential information to unauthorized locations (for instance, via mobile phone, text, photo, or video).
- I agree that my obligations under this confidentiality agreement regarding any confidential information will continue even after the completion of my "ride-along" observation.
- I understand that violation of this Agreement may result in termination of my ride along observation and restrict any future request, as well as subject me to civil and criminal penalties imposed by law.
- I have read the above confidentiality agreement and agree to comply with all of its terms as a condition of approval to participate in the "ride-along" observer program.

Printed Name: _____

Signature: _____ Date: _____



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Authorization of Medical Treatment



Should I, _____ be injured while participating in the program, permission is hereby given for the above named student or observer to be transported to the nearest medical facility for treatment. I further understand that the "Ride-Along" Observer Program does not carry medical coverage and that my insurance coverage, and that of my insurance carrier, will be the primary insurance. Listed below is the information concerning my insurance coverage.

INSURANCE CARRIER _____

ADDRESS _____

SUBSCRIBER'S NAME _____

GROUP NUMBER OR ID NUMBER _____

PHYSICIANS NAME _____

EMERGENCY CONTACT _____ PHONE _____

This agreement is valid for the period of (dates) _____ to _____

Printed Name of Participant

Signature of Participant

Date

Address

Home Telephone

Work Telephone

Date of Birth

Name of Witness (Line Officer/Administrative Officer of CCDES)

If minor, Parent/Guardian Signature: _____

Unified Ride Along - June 2021

Final Audit Report

2021-09-18

Created:	2021-09-15
By:	Michelle Lilly (lillym@charlescountymd.gov)
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