**Purpose:**
To formalize Brewster Ambulance’s program for accepting public riders on Brewster Ambulance’s ambulances and to assure that all liability and privacy concerns are addressed.

**Procedure:**
Brewster Ambulance believes that it is in the best interest of the community and the Service for interested citizens and youth to see, first hand, what happens in an ambulance. With appropriate safeguards, non-EMS personnel can ride safely and gain a good perspective on the EMS occupation and the types of services that Brewster Ambulance provides. There are risks inherent in riding at potentially high speeds and dealing with situations where a person’s life may be at risk.

To assure that there is good understanding on both Brewster Ambulance’s and the Rider’s part, Brewster Ambulance has created the attached package. It includes demographic information, a little bit about the motivation behind the ride-along and, of course, the waiver.

The program must be explained to any non-Brewster Ambulance individual that wishes to ride along with a crew.

All appropriate demographic and waiver information must be obtained and appropriately signed prior to the ride.
APPLICATION MUST BE COMPLETED AND RETURNED TO THE BASE OPERATIONS MANAGER. RIDES WILL NOT BE SCHEDULED UNTIL THIS IS COMPLETED

NAME: ____________________________________ ______________________

DOB: __________________________ Social Security #: ______________________

Address: ______________________________________________

City, State Zip: ___________________________________________

Phone # H: ____________________ W:______________________

Date(s) of Ride-Along: _______________________________________

PLEASE INDICATE YOUR LEVEL OF MEDICAL TRAINING / CERTIFICATION / AFFILIATION:

__ Private citizen
__ High school student (must be 16 or older)
__ First responder certification / refresher class
__ EMT-B certification / refresher class
__ EMT-I certification / refresher class
__ EMT-P certification / refresher class
__ Physician / RN / affiliated health provider
__ Not listed (Explain: __________________________________________________________________)

THE REASON FOR MY RIDE(S) IS/ARE

__ Observation only
__ Complete course work high school (Explain Below)
__ Complete certification (Explain Below)
__ Complete internship (Explain Below)
__ Future employment in emergency services (Explain Below)
__ Future employment at Brewster Ambulance EMS

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

WHEN RIDING I AM REQUIRED TO BE WITH

__ No requirement
__ Emergency Medical Technician Basic
__ Emergency Medical Technician Intermediate
__ Emergency Medical Technician Paramedic
__ Operations Manager

WHEN RIDING I WILL PERFORM AT THE FOLLOWING LEVEL OF TRAINING

__ Observer
__ First responder
__ Emergency Medical Technician Basic
__ Emergency Medical Technician Intermediate
__ Emergency Medical Technician Paramedic
__ Registered Nurse - Flight Nurse
__ Physician

THE FOLLOWING EVALUATION TOOL WILL BE USED

__ Evaluation provided by rider
__ No evaluation required (Explain below)

I have read and agree to the contents of the Brewster Ambulance EMS Ride-Along Program application.
The purpose of the Brewster Ambulance EMS Ride-Along Program is to familiarize and educate citizens, students, and potential pre-hospital personnel to the field of emergency medicine. This opportunity is considered a privilege and not a right. All Brewster Ambulance Policies regarding safety in the ambulance and substance use/abuse shall apply. The Operations Manager or Director reserves the right to postpone, cancel and/or revoke any rider's privilege of riding in the future.

Applicants to the Ride-Along Program are required to complete all the components of the application process and then meet with the Operations Manager or his/her representative. Applicants under the age of 18 are required to complete Underage Riders Form. No rider may apply under the age of 16.

All cancellations by riders will include a phone call to the base Operations Manager.

DRESS / EQUIPMENT

Riders are responsible for their own stethoscope if riding as a clinician. They are encouraged to bring reading or study material along with a note pad for documentation. Nametags are encouraged and must be approved by the Operations Manager. Dark navy blue or black pants (no jeans or shorts), white or light blue shirt with collar, black shoes or boots (no tennis shoes). Sweaters and/or jackets without emblems or patches may be worn as the weather dictates. Coats are available for riders. It is best to bring your own food and drink or money. Any special considerations should be addressed by the rider during the application process.

CONDUCT/SAFETY

If there is a concern about the conduct, performance or appearance of a rider or in the event a rider is asked to leave due to a violation of policy, the on duty Operations Manager will be contacted. An incident report must be completed by the crew and submitted to the on duty Operations Manager by the end of the shift. The rider’s privileges will be suspended until he/she has met with the Director and/or Operations Manager to discuss the incident.

Professionalism, courtesy, and patient confidentiality are mandatory. Listen carefully to the instructions given to you by crew members, and remain with a crew member at all times unless otherwise instructed. Any injury or illness experienced by a rider should be reported to the Operations Manager immediately and handled by established medical protocol. Specific instructions will be provided by the Manager.

PRIVILEGES

Any patient care provided by riders is solely at the direction of the Brewster Ambulance crew. Prior written approval to perform advanced procedures is mandatory and must be approved and signed off by the Brewster Ambulance Director and/or Operations Manager.

PATIENT CONFIDENTIALITY

Patient confidentiality is absolutely critical. Information about any patient such as their name, demographic data, medical condition or any other identifying information is NOT to be discussed with, or given to, anyone (including family and friends) other than those that have a clear and present need to know such information.

Brewster Ambulance EMS
285 Hyde Park Ave
Boston, MA 02130
WAIVER OF RIGHTS (Age 18 and Older)
In consideration for the opportunity to observe and/or to pursue training and/or education, the undersigned hereby waives any and all rights that he or she might have to claim damages, compensation, or remuneration in any form from Brewster Ambulance and their directors, officers, and employees arising from or associated with a ride-along.
These rights specifically pertain to any injuries to the undersigned while he/she is a passenger in any ambulance or other vehicle owned or operated by Brewster Ambulance and such passenger is present in the ambulance or vehicle as an observer and/or as part of a training course; or to any injuries sustained in the course of responding to an ambulance call including while enroute, while at the scene, or at any facility.
As used herein, the word "injuries" shall include bodily injuries, injuries to personal property, mental anguish, emotional distress and/or death resulting from any such bodily injuries. All reference herein to the undersigned shall include not only the individual actually signing this document, but also his or her personal representative, heirs, and survivors.
In addition to waiving rights as specified above, the undersigned, by signing this document, represents that he/she has read, understood and received a copy of this document; that he/she is 18 years of age or older; and that he/she is fully aware of the risks inherent in riding in an ambulance. The undersigned also acknowledges that if any single provision of this Waiver of Rights is declared unenforceable that such declaration has no effect on the enforceability of the remainder of the Waiver. This Waiver of Rights shall become effective upon its signing.
Dated this day _____ of _______, 20____ .
__________________________________ _____________________________
(Signed) (Title)
__________________________________
(Witness)
Brewster Ambulance EMS
285 Hyde Park Ave
Boston, MA 02130
Underage Riders Form (for ages 16-17)

WAIVER OF RIGHTS AND RELEASE OF LIABILITY
I, _________________________________,
RIDER’S NAME
____________________________,
ADDRESS
______________________________, ____________________,
CITY STATE / ZIP CODE
affirm that I am a student at ________________, NAME OF SCHOOL
and I intend to ride along with Brewster Ambulance crews in order to observe their activities pursuant to the Brewster Ambulance “Ride-Along” Program. I hereby state that I have received a copy of the information sheet for the Brewster Ambulance “Ride-Along” Program. In making this affirmation, I certify that I am cognizant of all of the inherent dangers of riding with said ambulance and of the basic safety rules for activities connected therewith.
The inherent dangers associated with riding with such ambulance crews includes, but is not limited to, accidents involving the ambulance, negligent or intentional tortuous acts by third persons, exposure to communicable diseases, and various accidents during the provision of emergency medical treatment. I also understand that I may witness traumatic injuries that may leave a lasting impression.
I understand that it is not the purpose of the Ride-Along Program to teach me emergency medical procedures, nor is it the function of the ambulance service to serve as the guardians of my safety.

I understand and agree that neither Brewster Ambulance, its agents, officers or employees may be held liable in any way or any occurrence in connection with my observation of the Brewster Ambulance crews in performing their duties which may result in injury, death, or other damages to me or my family, heirs or assigns.

In consideration of being allowed to ride along with the Brewster Ambulance crews, I hereby personally assume all risks in connection with such activity, and I further release, Brewster Ambulance and their directors, officers, and employees from any injury or damage which may befall me while I am riding with the Brewster Ambulance crews, including all risks connected therewith, whether foreseen or unforeseen; and further claim by me or my family, estates, heirs, or assigns, arising out of my participation in the Ride-Along Program.

I further state that I understand the terms herein are contractual and not a mere recital, and that I have signed this document as my own free act.

I affirm that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it. I affirm that I am fit and capable of performing all tasks as contemplated by the Ride-Along program for students such as myself.

IN WITNESS WHEREOF, I have executed this affirmation and release at:

____________________________________________________
DESIGNATE PLACE OF EXECUTION
on __________________________
MONTH / DAY YEAR

_______________________________________________
SIGNATURE OF STUDENT PRINTED NAME

_______________________________________________
WITNESS – BREWSTER AMBULANCE
MANAGEMENT REPRESENTATIVE
Guardian Release

I, ____________________________, hereby affirm that I am the parent or legal guardian of ________________________________, who has signed the foregoing.

I have read the information sheet for the Brewster Ambulance “Ride-Along” Program and the foregoing Waiver of Rights and Release of Liability Form. Any questions I may have had have been answered to my satisfaction, and I affirm that I am fully informed.

I hereby consent to the participation of the above named person in the Brewster Ambulance Ride-Along Program, subject to the rules of the program and subject to all of the conditions and agreements set forth above.

I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the terms herein are contractual and not a mere recital, and that I have signed this document as my own free act.

I affirm that I have fully informed myself of the contents of the foregoing affirmation and release by reading it before I have signed below. I affirm that the person named above and under my care is fit and capable of performing all tasks as contemplated by the Ride-Along Program for students.

IN WITNESS WHEREOF, I have executed this affirmation and release at:

_______________________________________________

DESIGNATE PLACE OF EXECUTION

on ____________________________,

MONTH / DAY YEAR

by ______________________________

SIGNATURE OF PARENT/GUARDIAN