

SAN JUAN ISLAND EMERGENCY MEDICAL SERVICES

GROUND OBSERVER PROGRAM

OBJECTIVE: To provide current EMT students at all levels, certified EMT's and civilians the opportunity to respond with San Juan Island EMS members on ground emergency responses.

SCHEDULING: Anyone interested in the Observer Program may contact:
Jim Cole, Chief at (360) 378-5152.

First time observers must schedule two weeks in advance and provide the following information:

1. Name
2. Mailing address
3. EMT training or certification level
4. Agency affiliation by and/or program enrolled in.
5. Program coordinator and phone number.

Persons observing more than one time need only to call and schedule after they complete their first shift if approved to continue to observe.

0800-1600hrs is set-aside for the Observer Program with the exception of those people that are granted special permission by the Chief.

RULES AND REQUIREMENTS:

1. Generally only one person may observe at a time.
2. It is preferable that a person schedule for eight hours as opposed to three or five hour shifts.
3. Observers must sign a liability waiver.
4. San Juan Island EMS retains the right to deny a person the opportunity to observe.
5. The supply room and department offices are off-limits for non-department observers.
6. The observer must remain in the station unless they are out with the medic or another approved EMT.
7. The observer will be expected to respond on emergency and non-emergency calls.
8. The observer is responsible for his or her own meals.
9. Because the crew has other duties that the observer may not be able to participate in, he or she should bring study materials, paperwork, or reading material to occupy their time. The meeting room will be available for this.

10. The observer is restricted to ground ambulance operations only and shall not participate in any aviation or marine operations or activities.
11. The observer shall obey all commands and directions given by San Juan Island EMS personnel.
12. The observer will generally be “assigned” to an existing EMT/paramedic who will oversee their experience.
13. The observer will agree to hold in confidence and not share, sell, record, transmit or discuss any patient care information or situations overheard or participated in as an observer as this is Protected Patient Health Information under Federal, state and local laws governing such information.

DRESS CODE:

1. Clean dark pants, a collared shirt, sturdy shoes, and additional outerwear appropriate for the anticipated weather.
2. A rider badge will be provided when possible.
3. Neatly groomed without excessive jewelry or items which can be easily broken or lost. San Juan Island EMS is not responsible for any damage or loss of clothing or items.

**SAN JUAN ISLAND EMS
AGREEMENT TO ASSUME RISK
RIDE ALONG PROGRAM**

This agreement made between the San Juan County Public Hospital District No. 1 Emergency Medical Services (aka San Juan Island EMS), a junior taxing district of San Juan County, WA, its agents, employees, volunteers, departments, and officers hereinafter collectively called San Juan Island EMS and

_____, _____ hereinafter called observer.
Name Address

RECITALS

San Juan Island EMS agrees to allow observer to observe first hand the ground based operational and ambulance activities of San Juan Island EMS provided observer agrees to assume all personal risk and agrees further to hold San Juan Island EMS harmless in the event of any personal injury/death or property loss which may occur as a result of their roles as an observer; NOW, **THEREFORE**,

THE PARTIES HEREBY AGREE AS FOLLOWS:

1. Observer agrees to assume any and all risk to himself/herself occasioned by his/her riding in any vehicle, being present in the department or at any emergency scene, or any other activity or event which occurs while he/she observes operational and ambulance activities with San Juan Island EMS. San Juan Island EMS shall have no obligation to provide insurance for observer because of the agreement and any such protection shall be the responsibility of the observer and his/her parent or legal guardian if observer is less than 18 years of age.
2. Observer understands and agrees that he/she shall not be or become an employee, agent or officer of the San Juan Island EMS and shall not be entitled to compensation, fringe benefits, or any other privilege of a San Juan Island EMS volunteer or employee. Observer further agrees not to represent himself/herself to the public as a member of the EMS, Aid Unit, or employee of San Juan Island EMS at any time or for any reason.
3. Observer, parents or legal guardian to hold San Juan Island EMS harmless from all actions, causes of action, damages, claims or demands which persons not a party this agreement have or may have against the San Juan Island EMS or which result from or are sustained by reason of the agreement to allow observer to participate in the ride along program.
4. Observer understands and recognizes that his/her participation pursuant to this agreement as an observer may place him/her in danger as a result of unforeseen events and observer agrees to assume

those risks and hereby releases the San Juan Island EMS from any and all liability resulting from or growing out of participation in this program.

5. In the strict enforcement of Federal, state and local laws. Unprofessional Conduct:
“Knowing or willful violation of patient privacy or confidentiality by releasing information to persons not directly involved in the care of or treatment of the patient...”

6. I, _____ do hereby recognize the need for strict confidentiality of patients that I come in contact with during my participation in the ride-along program. I recognize that any such violation will immediately end my participation in the ride-along program and possibly subject me to legal action.

7. San Juan Island EMS agrees to allow observer to observe ground operations and ambulance activities only under terms and conditions set forth hereinabove.

8. Term of this agreement shall be from _____ to _____
Month Day Year
_____ unless terminated sooner as provided hereinabove.
Month Day Year

Dated this _____ day of _____ 20____.

San Juan Island EMS

EMS Chief

Observer signature