



Acadian
Ambulance Service

An **Acadian** company

Ride-Along / Observer Program



An **Acadian** company



An **Acadian** company

RC Health Services EMS Academy

NAME OF SPONSORING ENTITY

UNIT #

TRAINING ADMINISTERED BY

FOR OFFICE USE ONLY:

OPERATIONS MANAGER APPROVAL

NEMSA APPROVAL

COMPLIANCE APPROVAL

NAME OF PARTICIPANT

SCHEDULED DATE(S) OF RIDE-ALONG

TRAINING DATE

PRINTED NAME

PRINTED NAME

PRINTED NAME



Participant Restrictions and Responsibilities

Ride-Along Standards

With the exception of Acadian Explorers¹ and students², Ride-Along/Observer participants shall act as observers, that is, they must not become physically or verbally involved in an incident, unless directed to do so by an Acadian employee.

Ride-Along/Observer(s) shall not attempt to assist Acadian employees with any aspect of routine duties or emergency operations. Ride-Along/Observer(s) shall remain in cab during initial stages of any activity to eliminate impeding operations and safety concerns.

The Operations Supervisor, or designee, shall take reasonable care to prevent the Ride-Along/Observer from becoming physically involved in or assisting in the following types of incidents:

- Crime Scenes
- Violent patients
- Patients with known infectious diseases
- Situations involving or likely to involve the display or use of firearms
- Other activities or situations that is likely to increase the participant's risk or exposure.

If the Operations Supervisor, or designee, receives a potentially hazardous call or realizes they may become immediately involved in a potentially hazardous situation, the Ride-Along/Observer should be instructed to remain in the Acadian vehicle or not provided information on the location by any Acadian personnel. It is also acceptable to leave the Ride-Along/Observer at the station.

At the discretion of the preceptor, Acadian Explorers and NEMSA students may practice skills under direct observation and/or supervision³. These skills shall correspond with the scope of practice and training guidelines associated with the student's education program.

Ride-Along/Observer under the direction of the Operations Supervisor, or designee, may assist crew members as needed with minor cleaning, re-stocking of supplies and carrying equipment to and from incidents.

Failure to follow the directions of the Operations Supervisor or designee, Rules of Conduct, Acadian policies and procedures will result in removal of the privilege to participate as a Ride-Along/Observer.

¹ All Acadian Explorer shifts shall be overseen by the area operations management team and approved preceptors. Students are granted the authority to perform skills to the level of training attained in the Explorer program.

² All student ride shifts shall be overseen by NEMSA with assistance from the area operations management team and NEMSA approved preceptors. Students are granted the authority to perform skills to the level of training attained in the EMS education program for which they are enrolled. Additionally, all students riding on Acadian Ambulance Service, Inc. ambulances must be a student of an approved EMS Education Program that executed and has in effect a Clinical Affiliation Agreement between the school and Acadian Ambulance Service, Inc. All students riding with Acadian Ambulance Service, Inc. under a clinical affiliation agreement must ride with a preceptor trained and approved by NEMSA.

³ Id at Footnote 1 - However, Acadian Preceptors remain responsible for care and treatment of all patients and as such, Acadian Preceptors may prohibit a student from performing any skill, procedure, intervention, or other treatment if the Acadian Preceptor feels it is in the best interest of the patient.



Dress and Appearance

Ride-Along/Observer shall be neat and clean in appearance. Their personal hygiene and grooming must be acceptable to the Operations Supervisor and/or Manager. Long hair shall be pulled back and tied so as not to interfere with activities. While participating in the Ride-Along Program, the Rider is, may be perceived as representing Acadian.

Ride-Along/Observer shall wear suitable attire. Dark pants and light plain shirts are recommended (no jeans). No writing or artwork is allowed on clothing, except small brand logos are acceptable. Ride-Along/Observer must wear flat, closed-toe shoes (steel-toed is strongly recommended). The following clothing items are prohibited: open toe shoes, sandals, high heels, shorts, tank tops, garments with offensive messages, garments that are excessively loose, and/or excessive loose jewelry with the exception of a ring and a watch.

Students engaged in clinical shifts are required to wear uniforms and meet the grooming standards set forth in the clinical affiliation agreement executed between Acadian and their respective education institution.

Ride-alongs from agencies outside of Acadian may wear their agency uniform with prior approval. Student ride-alongs may wear their class uniforms with prior approval.

Rules of Conduct⁴

No firearms or other weapons may be brought onto Acadian property or carried during the ride along.

No alcoholic beverages or drugs are to be brought onto Acadian property nor consumed prior to the ride. The smell of alcoholic beverages or marijuana, etc., on the breath will prohibit you from participating. Use of tobacco products is not permitted in any station or vehicle.

Participants shall wear a seat belt as per State Law and Acadian policy. Participants shall carry a valid Driver's license or identification with them during the ride along at all times.

At no time will observers be permitted to take pictures, use a video camera or any other audio-visual recording device while on the scene of an incident. Requests for media ride-alongs will be dealt with separately through the Compliance Officer.

Ride-Along/Observer(s) will treat private health information as strictly confidential. Disclosure of private health information outside of the organizations who are working with the patient is strictly forbidden. No response documents or copies, on which individually identifiable information such as name, address, SSN, etc shall be removed, disclosed or transmitted off site.

Ride-Along Participants will be responsible for bringing his/her own meals or can make arrangements to buy meals.

⁴ In addition to the Rules of Conduct set forth herein, students participating in an approved clinical program must follow all rules, policies, and procedures set forth in the clinical affiliation agreement executed between Acadian and the student's respective education institution.



Privacy Policy

What is the Privacy Rule?

The Privacy Rule was developed to enforce the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The rule covers Protected Health Information (PHI) which is information containing patient identifiers, such as; the patient's name, social security number, medical record number, address, photographs, driver's license number, etc. The Privacy Rule focuses on protecting patient health information by requiring healthcare providers like Acadian to develop policies and procedures aimed at safeguarding PHI.

Uses and Disclosures

A healthcare provider can generally use and disclose PHI for the purposes of rendering care to a patient, receiving payment for the care rendered and for matters related to its own operations. This group of disclosures also permits a covered entity to provide PHI to other healthcare providers that have a treatment relationship with the patient for these purposes as long as the healthcare provider adheres to the requirements of the Privacy Rule. Any uses and disclosures made incidental to those made for treatment, payment and healthcare operations are also protected under the Privacy Rule if the healthcare provider has, in place, safeguards to protect against unauthorized disclosures.

A healthcare provider may also disclose PHI in other circumstances such as to the patient or his/her designee directly, as required by law, or to agencies conducting investigations.

The Minimum Necessary Rule

The minimum necessary requirement is an important element of the Privacy Rule because it limits the use and disclosure of PHI or request for PHI to that which is necessary to carry out the specific task at hand. What this means is that, even if a disclosure is generally authorized, if the person disclosing the PHI discloses more than is necessary, this could result in a violation of the Privacy Rule.

The Privacy Rule also deals with the access that people have to certain PHI. People should only have access to that PHI which is required to carry out their job duties.

Importance of the Rule/Sanctions

The rule imposes severe civil and criminal penalties. Violations of this rule could result in criminal penalties of up to \$250,000 and or 10yrs in prison.

Safeguarding PHI

Patient care should only be discussed with individuals who are involved in the patient's treatment or who have some other right to use or disclose such information under the Privacy Rule.

When discussing patient information, Ride-Alongs/Observers should be aware of their environment and should, when feasible, avoid discussing patient care at a volume that can be overheard by individuals who are not authorized to use or disclose such information.

Ride-Alongs/Observers should be sensitive to who may be in viewing range of a monitor/tablet and take simple steps to shield viewing of the screen by unauthorized persons.

Privacy Officer

Officer Beth Leblanc
Phone 800-259-3333 Ext 4030
Address HIPAA@acadian.com

Compliance Officer

Officer Corey Chapman
Phone (337) 291-4057
Address compliance@acadian.com



Ride-Along/Observer Agreement

As a participant in Acadian's Ride-Along/Observer Program, I understand that Acadian Ambulance Service, Inc. ("Acadian") provides services to patients and customer that are private and confidential and that I am a crucial step in respecting the privacy rights of Acadian's patients. I understand that it is necessary, in the rendering of Acadian services, that patients and customers provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected from improper use and disclosure by federal and state laws.

I agree that I have had an opportunity to review the information regarding the Ride-Along/Observer Program. By my signature, I acknowledge receipt of privacy training and understand the importance of upholding the integrity and confidentiality of Acadian's customers and patients.

I agree that I will comply with all policies and procedures set in place by Acadian during my experience as a Ride-Along/Observer with Acadian. If at any time I knowingly or inadvertently breach the patient confidentiality or these policies and procedures, I agree to notify the Compliance Officer or Privacy Office of Acadian immediately.

I also understand that I may be exposed to other confidential or proprietary information of Acadian and I agree not to reveal any of that information to anyone at any time.

In addition, I understand that a breach of patient confidentiality may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of Acadian. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. As a general rule, I understand that any patient or confidential information that I see or hear while a Ride-Along/Observer will stay here at Acadian when I leave.

I have been given an overview of the policies and procedures and have been given access to review those policies. I agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe Acadian activities will be terminated.

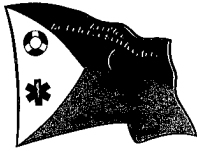
I am fully cognizant of all of the hazards, risks and dangers normally and usually attendant to such duties and undertakings, including but not limited to the unusual speed of emergency vehicles, exposure to infectious diseases, entrance into and operations in hazardous areas, and do hereby assume all of the risks of injury to myself and/or damage to my property which occurs or may occur before, during or after the time during which I am a passenger in an Acadian vehicle and while at the scene of an emergency. I assume all risks, dangers and hazards associated with emergency medical vehicles and also with any negligence of the employees and/or officers of Acadian Ambulance Service, Inc., whether said negligence be associated with risks, dangers or hazards normally attendant to an emergency medical vehicle or associated with ordinary negligence in the operation, loading, and unloading of any vehicle

APPLICANT'S SIGNATURE

APPLICANT'S PRINTED NAME

DATE

PARENTS SIGNATURE (IF MINOR)



Acadian

Ambulance Service



NATIONALLY
ACCREDITED

4100 Ed. Bluestein Blvd. • Austin, TX • 78721
1-800-259-3333

EMPLOYEE
OWNED

INDIVIDUAL RELEASE

STATE OF TEXAS
ACADIAN AMBULANCE SERVICE, INC.

KNOW ALL MEN BY THESE PRESENT:

WHEREAS, The undersigned is desirous of carrying out and executing his responsibilities and duties as assigned and provided for by his employer and/or association, to wit, ACADIAN AMBULANCE SERVICE, whose address is P.O. Box 98000, Lafayette, LA 70509-8000, a bonafide company, and/or corporation and/or recognized affiliation group and;

WHEREAS, I am fully cognizant of all of the hazards, risks and dangers normally and usually attendant to such duties and undertakings, including but not limited to the unusual speed of emergency vehicles, exposure to infectious diseases, entrance into and operations in hazardous areas, and do hereby assume all of the risks of injury to myself and/or damage to my property which occurs or may occur before, during or after the time during which I am a passenger in an Acadian vehicle and while at the scene of an emergency.

NOW THEREFORE, in consideration of Acadian Ambulance Service, Inc. acting through its officers, directors, agents or employees granting permission to me to ride aboard an Acadian vehicle, I do hereby covenant and agree that I hereby assume all risks, dangers and hazards associated with emergency medical vehicles and also with any negligence of the employees and/or officers of Acadian Ambulance Service, Inc., whether said negligence be associated with risks, dangers or hazards normally attendant to an emergency medical vehicle or associated with ordinary negligence in the operation, loading, and unloading of any vehicle and I further hereby fully release and forever discharge Acadian Ambulance Service, Inc., its officers, directors, agents, employees, members, underwriters, successors, contractors, subcontractors, and parties in privity with Acadian Ambulance Service, Inc., and all others for whom Acadian Ambulance Service, Inc. may be responsible in the premises from any and all consequences, demands or causes of action and of any and all other liability whatsoever for any injury and/or damages sustained or which may be sustained to myself and/or to my property, including my death through any act or omission of Acadian Ambulance Service, Inc., its officers, directors, agents, employees or members, in any way whatsoever arising out of my contact with or riding in or upon a vehicle of Acadian Ambulance Service, Inc., and I do hereby covenant and agree and do by these presents bind myself, my heirs, executors and assigns to release and forever discharge and to never make any claim against the said Acadian Ambulance Service, Inc., its officers, directors, agents, employees, underwriters, or successors to recover for any claims including property damage, medical expenses, personal injuries, including death, and any and all other claims that may arise in any way whatsoever as a result of such activities.

The foregoing covenant and release is and will be effective presently and at all future times when I am allowed to ride as a passenger in any vehicle of Acadian Ambulance Service, Inc., unless previously revoked in writing by me.

EXECUTED THIS _____ DAY OF _____, A.D. 20____; AT _____
_____, TEXAS. (MONTH) (CITY)
(COUNTY)

APPLICANT'S FULL NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE (If applicant is a minor,
Parent or Guardian signature)

PARENT OR GUARDIAN SIGNATURE

WITNESS