

**Board of County Commissioners
Leon County, Florida**

Policy No. 05 - 2

Title: Leon County Ride-Share Program

Date Adopted: February 7, 2017

Effective Date: February 7, 2017

Reference: N/A

Policy Superseded: Policy No. 05-2, "Leon County Ride-Share Program," adopted April 12, 2005.

It shall be the policy of the Board of County Commissioners of Leon County, Florida, that Policy No. 05-2, "Leon County Ride-Share Program," adopted by the Leon County Board of County Commissioners on April 12, 2005, is hereby amended and a revised policy is hereby adopted in its place, to wit:

I. POLICY STATEMENT:

The Intent of this policy is to provide quality educational and informational opportunities to the public, so that a better understanding of the emergency medical services being provided by the County will be afforded to the citizens of Leon County. Furthermore, in an effort to promote community-based support, strengthen interagency cooperation, and foster a solid recruiting base, Leon County may at the discretion of the County Administrator, or his designee, administer a Ride-Share Program. Any such program shall strictly adhere to the applicable procedures listed below. Procedures may change from time to time to accommodate availability, security, privacy, and liability concerns. Nothing herein shall create or grant any right unto any person to participate in this Program.

II. PROCEDURES:

A. Definitions:

1. **Ride-Share Observer:** shall mean any applicant for the program other than an employee, student intern, or approved professional who has met all the requirements and criteria under this Policy and been approved for participation by the County.
2. **EMS:** shall mean Leon County Emergency Medical Services Division.

- B. Applicant Criteria: Candidates for the program shall at a minimum meet the following criteria:
1. Be at least 18 years of age, or 17 years of age upon written consent of the candidate's parent or guardian. A copy of the applicant's Driver's License and consent, if applicable, is required.
 2. Have an interest in Emergency Medical Services as a job related educational opportunity.
 3. Have an interest in Emergency Medical Services as a decision maker (i.e. elected official, board member, leadership participant, taxpayer, etc.)
 4. Have successfully passed a criminal background check.
 5. Have agreed to comply with all of the provisions of this policy.
- C. Program Requirements:
1. At no time shall a Ride-Share Observer in the Ride-Share Program be allowed to participate in patient care or treatment, nor drive any County vehicle regardless of medical certification. The Ride-Share Observers are there strictly as observers and are not expected, obligated nor permitted to assist in patient care or treatment, under any circumstances.

III. SCHEDULING:

- A. Hours of Participation: Ride time is prohibited from the hours of 11:00 p.m. to 7:00 a.m.
- B. Coordination: All scheduling for the Ride-Share Program shall be coordinated through a designated official of EMS. It is the responsibility of EMS to ensure that all requirements of the Policy have been met prior to granting Ride-Share Assignments. In no case shall any EMS employee provide ride-share privileges to a Ride-Share Observer who does not present a "Ride-Share Assignment" upon reporting for such an assignment (see "Ride-Share Assignment" document entitled "Appendix D").

IV. ENROLLMENT:

All candidates for the Ride-Share Program shall be coordinated through a designated EMS official. This includes: enrollment paperwork, applicable required training, and scheduling. (See "Ride-Share Observer Checklist" document entitled "Appendix C").

V. REQUIRED FORMS:

- A. Liability Release: All Ride-Share Observers shall have a general release of liability in a form approved by the County Attorney, properly executed. The original shall be maintained on file by EMS. (See "Appendix A" for candidates who are at least 18 years of age. See "Appendix A-1" for candidates who are 17 years of age.)
- B. Participant Requirements Form: All Ride-Share Observers shall complete a participant requirements form. The original shall be maintained on file by EMS and a copy shall be provided to the candidate. (See "Appendix B")

- C. Proof of HIPAA Training: All Ride-Share Observers shall have proof of HIPAA compliance training, maintained on-file by EMS.
- D. Patient Confidentiality Statement: All Ride-Share Observers shall have an original signed copy of the most recent LCEMS/ Patient Confidentiality statement properly executed. (Appendix E)
- E. Copy of Drivers License: All Ride-Share Observers shall provide proof of age by submitting a copy of a driver's license or other valid ID card which shows proof of age.
- F. Ride-Share Badge: All Ride-Share Observers shall be issued a temporary "OBSERVER" badge to be worn at all times while participating in the Ride-share program. All badges should be accounted for at the end of each shift.

VI. TRAINING REQUIREMENTS:

All Ride-Share Observers shall complete a HIPAA training session provided by and/or approved by the EMS Privacy Officer. Other training requirements may be necessary and will be scheduled accordingly at the discretion of the EMS Privacy Officer.

“APPENDIX A”

WAIVER AND GENERAL RELEASE OF LIABILITY

Whereas, Leon County, Florida, provides the community with Emergency Medical Services thereby responding to emergency situations, I, the undersigned, wish to accompany Leon County EMS units and/or personnel on ambulance calls and do voluntarily undertake said participation as set forth below.

In consideration of my being permitted to ride with Leon County Emergency Medical Services, I

Print Full Legal Name

Street Address	City	State	Zip
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voluntarily and knowingly execute this Waiver and General Release of Liability with the express intention of releasing Leon County, it’s officers, officials, agents, and employees from and against all liabilities, claims, actions, damages, losses, or expenses arising out of or due to my participation in the LCEMS Ride-Share Program including, without limitation, injury, illness, or death which may be suffered before, during, or after such participation.

I hereby acknowledge that my riding with units and/or personnel of Leon County Emergency Medical Services is not in any manner to be construed as being employed by or a promise of employment by Leon County, nor does it create any agency relationship.

I hereby accept and assume all risks to myself involved in participating in the Leon County Ride-Share Program and fully assume all responsibility for any injury, damage, or claim of any nature whatsoever, that may result from such participation. Furthermore, the undersigned understands that this Waiver and General Release of Liability includes provisions for waiver of any claims based on negligent action or inaction of Leon County, its officers, officials, agents, and employees. The undersigned has elected to assume all such risks.

It is my intention that this Waiver and General Release of Liability shall be binding upon my spouse, heirs, legal representatives and assigns and that its coverage extends to my heirs, legal representatives, and assigns.

IN WITNESS WHEREOF, this _____ day of _____ A.D., 20 ____

Signed, Sealed and Delivered in the presence of:

Participant’s Signature	Date
Witness	Date

State of Florida:

County of Leon:

The foregoing document was acknowledged this _____ day of _____, 20____, by _____, who personally appeared before me and acknowledged that he/she signed the instrument voluntarily for the purpose expressed in it.

Personally Known to Me

Produced as Identification _____

Notary Public
My Commission Expires

(SEAL)

“APPENDIX A-1”

CONSENT, WAIVER AND GENERAL RELEASE OF LIABILITY

Whereas, Leon County, Florida, provides the community with Emergency Medical Services thereby responding to emergency situations, I, the undersigned, am the parent or legal guardian of:

Print Full Legal Name of Minor Child (hereinafter referred to as “Minor Child”)

Street Address	City	State	Zip
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Minor Child’s Date of Birth	Minor Child’s Age
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I have the legal authority to give consent, and do hereby consent to, my Minor Child accompanying Leon County EMS units and/or personnel on ambulance calls, and do voluntarily consent to my Minor Child’s participation as set forth below.

In consideration of my Minor Child being permitted to ride with Leon County Emergency Medical Services, I voluntarily and knowingly execute this Consent, Waiver and General Release of Liability with the express intention of releasing Leon County, its officers, officials, agents, and employees from and against all liabilities, claims, actions, damages, losses, or expenses arising out of or due to my Minor Child’s participation in the LCEMS Ride-Share Program including, without limitation, injury, illness, or death which may be suffered before, during, or after such participation.

I hereby acknowledge that the riding of my Minor Child with units and/or personnel of Leon County Emergency Medical Services is not in any manner to be construed as being employed by or a promise of employment by Leon County, nor does it create any agency relationship.

I hereby accept and assume all risks to my Minor Child in participating in the Leon County Ride-Share Program and fully assume all responsibility for any injury, damage, or claim of any nature whatsoever, that may result from such participation. Furthermore, the undersigned understands that this Consent, Waiver and General Release of Liability includes provisions for waiver of any claims based on negligent action or inaction of Leon County, its officers, officials, agents, and employees. The undersigned has elected to assume all such risks.

It is my intention that this Consent, Waiver and General Release of Liability shall be binding upon my spouse, heirs, legal representatives and assigns and that its coverage extends to my heirs, legal representatives, and assigns.

IN WITNESS WHEREOF, this _____ day of _____ A.D., 20 _____.

Signature of Parent/Legal Guardian of Minor Child Date

Printed Name of Parent/Legal Guardian of Minor Child

“APPENDIX A-1”

Signed, Sealed and Delivered
in the presence of:

Witness

Date

State of Florida:

County of Leon:

The foregoing document was acknowledged this _____ day of _____,
20____, by _____, who personally appeared before me
and acknowledged that he/she signed the instrument voluntarily for the purpose expressed in it.

Personally Known to Me

Produced as Identification _____

Notary Public

(SEAL)

My Commission Expires:

“APPENDIX B”

PARTICIPANT REQUIREMENTS

Ride-Share Observer shall adhere to these requirements:

1. You may not provide any care and/or treatment to any patient of LCEMS at any time, regardless of any medical certifications that you may possess.
2. Do not attempt to assist in the handling of a patient as you may cause harm to yourself or the patient. Our crews are trained to move people safely and are covered by our insurance.
3. Stay with the crew, as it may be necessary to leave quickly. We do not want you to be left behind.
4. Wear your seat belt at all times when in a moving vehicle.
5. Listen to and follow the instructions of the crew. Keeping things simple is always important, and never more critical than in emergency situations, as your life may depend upon your ability to quickly follow commands of those in charge.
6. Pictures, notes, tape recordings, etc. of any patient or scene is strictly prohibited without the express written permission of the County Administrator or his designee.
7. Smoking is prohibited.
8. All patient information is held strictly confidential and is protected under State and Federal Law and shall not be disclosed.
9. The designated EMS official or other authorized personnel must grant permission for each ride-share assignment.
10. Confirm the start time and location of the shift you are to ride. No ride-share is permitted before 07:00 a.m. or after 11:00 p.m.
11. You are to act professionally at all times you are riding. You are to wear appropriate attire; dark navy or black trousers (no shorts), dark colored shoes (no high heels, sandals, or open toe shoes), dark colored belt, red shirt with a collar (no tee shirts).
12. You are required to wear a LCEMS Observer Badge at all times.
13. Weapons of any type are strictly prohibited.
14. You should understand that as an observer you may be subpoenaed to appear in court for anything you might witness while riding.
15. You are not permitted to drive any County vehicle.
16. ALWAYS RESPECT THE PRIVACY OF THE PATIENT.

Please complete and sign the information below acknowledging your receipt, understanding, and agreement to comply with the aforementioned rules. Failure to abide by these rules or the directives given to you by any Leon County Emergency Medical Services personnel will result in immediate revocation of the permission for you to participate as an observer.

Please contact the EMS at (850) 606-2100 approximately one (1) week after submitting these forms to determine your approval and ride status. Please understand that we must prioritize our ride time for students, apprentices, and employees on their new hire orientation. These situations supercede all other requests for observation ride time availability.

Print Name: _____
(Last) (First) (Middle)

Race/Sex: _____ Date of Birth _____ Age: _____
Driver's License Number

Home Address: _____ Home # (____) _____ - _____

Signature of Applicant

Date

“APPENDIX C”

RIDE-SHARE OBSERVER CHECKLIST

Last Name: _____ First Name: _____ MI: _____

Agency (if applicable): _____

Reason for request:

- Have an interest in Emergency Medical Services as a career (i.e. High School/College Student, career change, etc.)
- Have an interest in Emergency Medical Services as a job related educational opportunity
- Have an interest in Emergency Medical Services as a decision maker (i.e. elected official, Board member, Leadership participant, taxpayer, etc.)
- Have an interest in Emergency Medical Services due to their current status as a volunteer in the medical field (i.e. volunteer firefighter, etc.)

Requirements Checklist:

- Liability release: All Ride-Share Observers shall have on-file a release of liability form.
- Participant Requirements Form: Original kept on file and copy to candidate.
- Proof of HIPAA Training: All Ride-Share Observers shall have on-file proof of HIPAA Compliance Training.
- Patient Confidentiality Statement: All Ride-Share Observers shall have a signed copy of the most recent Patient Confidentiality Statement on-file with LCEMS.
- Proof of Age: All Ride-Share Observers shall provide proof of age via a driver's license or other approved ID card with a copy to remain on file with LCEMS.
 - Driver's License Other: _____
- Successful completion of a criminal background check.

“APPENDIX D”

RIDE-SHARE ASSIGNMENT

This certifies that _____ has been approved for a ride-share through the LCEMS ride-share program for the following location, date, and time:

Assigned Station/Location: _____

Assigned Date: _____ / _____ / _____

Assigned Time: From ____ : ____ AM PM To ____ : ____ AM PM

Signature: _____
EMS or Other Authorized Personnel

Date: _____ / _____ / _____

“APPENDIX E”

LEON COUNTY EMERGENCY MEDICAL SERVICES
PATIENT CONFIDENTIALITY STATEMENT
(Non-Employee)

Please mark appropriate Classification:

Student **Ride-Share Observer** **Precept Program**

Other (please specify): _____

Given the nature of my assignment, I understand that it is legally required that I maintain the confidentiality of patient information that I observe in the course of the Ride-Share Program. EMS prohibits the release of any patient information to anyone outside the organization and discussions of Protected Health Information (PHI) within the organization are strictly limited. Acceptable uses of PHI within the organization include but are not limited to patient care, peer review, internal audits, quality assurance, and billing. I understand that EMS provides services to patients that are private and confidential and that I will respect and honor the privacy rights of LCEMS’s patients during and subsequent to my assignment. I understand that it is necessary, in the rendering of LCEMS services, that patient’s 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 by federal and state laws that prohibit its unauthorized use or disclosure for reasons other than for treatment, payment and healthcare operations.

I agree that I will comply with all confidentiality policies and procedures set forth by EMS. If at any time I knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of EMS immediately. In addition, I understand that a breach of patient confidentiality may result in civil or criminal charges and penalties against me.

I have read and understand this agreement and I will abide by all conditions set forth in this agreement.

Signature: _____

Date: _____

Printed Name: _____