



Boundary Ambulance Service

Standard Operating Guidelines

Observation, Job Shadowing, & Students

Purpose: To define procedure accommodating an individual not currently associated with or employed by BAS that wishes to observe, job shadow, or fulfill required EMS specific student time with BAS.

Definition(s):

Observer- Time spent with an EMS crew in an observation role only.

Student- EMS clinical time required by an EMS program that may include specific skills evaluation.

Job Shadowing- Career or school related ride time.

Procedure:

1. Scheduling time: Application for ride time with EMS crews shall be made to the on duty captain at least a week in advance.
2. The individual applying for ride time must be 18 years of age or older.
3. Scheduled time shall be from 08:00 to 20:00 unless other time requested is approved by the on duty captain.
4. No more than one individual per EMS crew may be scheduled at a time.
5. The individual will be assigned to an EMS crew for the duration of their scheduled time.
6. Dress code:
 - a. Polo or button up type shirt, dark colored dress pants, and closed toe lace up shoes shall be worn during scheduled time.
 - b. If the individual is associated with other emergency services their issued uniform may be appropriate.
 - c. It will be the responsibility of the individual to provide weather specific gear that may be needed during their scheduled time.
7. The assigned EMS crew will be responsible for the instruction of the individual including a briefing at the beginning of the shift assuring that the individual is aware of expected actions, ethics, and safety topics regarding roadway operations and scene safety.
 - a. If the assigned crew at any point feels that the appearance or conduct of the individual does not permit the continuation of the scheduled time their concerns should be immediately communicated to the on duty captain.
8. A liability waiver form will be completed at the time of application for the ride time. A waiver form will be included with this SOG.
9. If participating in a student role the student will provide needed forms or documentation at the beginning of his/her ride time and will be completed at the end of the scheduled ride time.

SOG - Effective Date: 01/01/2017. - Authorized _____

Boundary Ambulance Service

PO Box 441, Bonners Ferry, ID 83805 - Phone: 208.267.0624 - www.boundaryambulance.org



Boundary Ambulance Service

Standard Operating Guidelines

Waiver of Rights

THIS WAIVER OF RIGHTS MUST BE SIGNED BY ANY PERSON APPROVED FOR RIDE TIME WITH BOUNDARY AMBULANCE SERVICE

In consideration of being allowed to observe the activities and functions of Boundary Ambulance Service (BAS), such observation being entirely for the benefit of the undersigned and not for BAS, the undersigned does hereby **WAIVE** any and all right of action against BAS, it's officers, directors, and/or members, for any injury or damage that (s)he might suffer while participating in the observation, including, but not limited to, **property damage, injury, exposure to infectious or communicable disease, contracting an infectious or communicable disease, emotional distress or psychiatric disturbance or disease.**

It is acknowledged by the undersigned that **BAS activities may be inherently dangerous** because of the multiple hazards encountered by emergency service response. Such hazards include, but are not limited to, the risk of accident, injury from bystanders or traffic, exposure to communicable and/or communicable diseases, which diseases may or may not be known to responders, and which diseases may not be curable and may adversely affect the health of the undersigned or cause disablement or death to the undersigned. It is further understood that **it is impossible for BAS personnel to insure the complete safety of the undersigned.**

The undersigned, being fully aware of the potential for injury or damage, nonetheless assumes the risk of injury and/or damage. This waiver shall be binding upon my heirs, executors and assigns.

I HAVE FULLY READ THIS ENTIRE WAIVER, AND UNDERSTAND THAT BY SIGNING THIS WAIVER I AM WAIVING ANY AND ALL LEGAL RIGHTS AND THAT MY SIGNATURE HEREON HAS LEGAL SIGNIFICANCE. I HAVE NO QUESTIONS CONCERNING THE CONTENTS OF THIS WAIVER, AND UNDERSTAND THAT BAS PERSONNEL ARE NOT AUTHORIZED TO VARY ITS TERMS, POLICIES, OR PROCEDURES.

Signed: _____ Date: _____

Authorized by: _____ Date: _____

To: Parent(s) of observer

I/We, the parent(s) of the above minor child being at a minimum age of 14 or older, have read this entire Waiver and Assumption of Risk, and for myself/ourselves and my/our said minor child above and who has signed the above, do hereby WAIVE any and all right of action against BAS, it's officers, directors, and/or members, for any injury or damage that (s)he might suffer while participating in the observation, including, but not limited to, property damage, injury, exposure to infectious or communicable disease, emotional distress or psychiatric disturbance or disease.

Parent: _____, Date: _____ Parent: _____ Date: _____

SOG - Effective Date: 01/01/2017. - Authorized _____

Boundary Ambulance Service

PO Box 441, Bonners Ferry, ID 83805 - Phone: 208.267.0624 - www.boundaryambulance.org