



One American Way, Norwich, CT 06360  
860.886.1463 - americanamb.com

## OBSERVER PACKET & INFORMATION

*Training Program Affiliation:*

- American Professional Educational Services
- William W. Backus Hospital Volunteer
- Other: \_\_\_\_\_



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We are excited that you have selected American Ambulance Service, Inc. (AASI) to complete your ride time. We hold our team members to high standards and expect the highest quality of patient care be provided to all that we serve. If during your time here you have any questions, concerns or issues, please feel free to reach out to a member of our management team or your program director for assistance.

The following pages include all required paperwork for your completion. This paperwork must be completed and returned to 'thirdrider@americanamb.com'. Upon AASI receipt of your paperwork, someone will be in touch with you to schedule your shift. There is a dress code that must be followed in order to ride on any of our ambulances. If you have any questions regarding the dress code, please contact the Director of Operations at the number at the top of the page. This extension is x250.

On the day of your shift, report to the ambulance bay located at One American Way, Norwich, CT 06360 (use the High Street entrance). Parking is available on the street. If the garage doors are open, please report to the Supervisor's Office. If the building is secured, please use the intercom box outside the door to contact personnel inside. Once they answer, let them know you are here for a third rider shift. You will need to provide a valid ID card to the on-duty supervisor in the Supervisor's Office.

Once everything is verified and you are issued the items we provide you, the supervisor will introduce you to the crew you will be with for the shift. Remember, this is an educational experience for you, so the more active and engaged you are with your crew, the more you will gain from the experience. If you are an allied health student (any discipline), please know that local protocols may differ from what you are learning or using in your class. Please engage the crew, a member of management or your program instructor/director with questions.

If you experience something that you need time to process, understand or cope with, please let a member of your crew know. They will offer you the proper guidance and, if necessary, get a supervisor involved to assist you. Your safety is very important. You should understand that we may be put in situations that were initially safe, but become unsafe as the call progresses. Listen to the direction of the crew; they will do their best to keep you safe. If, at any time during the shift, you are injured, please inform a crew member or member of management.

Due to liability issues, you may only observe unless you are completing required ride time for an allied health program. As such, the following applies:

- a. Only Paramedic students may operate a stretcher with a patient on it, including loading and unloading.
- b. Paramedic and medical school students may perform any skill within the scope of practice of the licensed Paramedic identified under the Connecticut Statewide Emergency Services Protocols
- c. EMT students and RN residents will be limited to skills associated with airway management (BLS/ALS, as directed), CPR, obtaining vitals, medical and trauma assessments, splinting and c-spine management.

We hope you get the most out of your ride along experience. If there is something you believe we can do to make the experience better or areas you note that require attention, please let us know.



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## RIDE ALONG PROGRAM APPLICATION

Applicant Information		
Full Name:	Date of Birth:	
Home Address:	Gender: (Circle one) Male Female Prefer not to answer	
	Home Phone:	
Driver's License #	Other Photo ID #:	Cell Phone:
Emergency Contact Information		
Name and Relationship		Phone(s): (c) (h)
Name and Relationship		Phone(s): (c) (h)
Organization Information		
School Affiliation or Employer:		Point of Contact Name and Number:

What is your level of participation in our Third Rider program?

- EMT Student  
  Nurse  
  MD  
  High School Student  
  Medical Student  
 Paramedic Student  
  PA  
  Media  
  Flight  
  Medic/RN  
  Other: \_\_\_\_\_

I have read and understand the policy for the Ride Along Program of American Ambulance Service Inc.  
 The above information is true and accurate to the best of my knowledge.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If applicant is under eighteen (18), a parent or guardian must co-sign:

**Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_



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## THIRD RIDER REQUIREMENTS

**All Third Riders must:**

- Complete all attached paperwork
- Adhere to the personal appearance requirements outlined below (you will NOT be allowed to ride otherwise)
- Contact the Supervisor at 860.886.1463 x250 one (1) hour before your scheduled ride time to confirm your shift. You may ask any questions to adequately prepare you for the shift. Failure to make this call may impact your ability to ride.

**Clothing Requirements: All Third Riders will be required to adhere to the following attire while on shift.**

- For safety reasons, earrings are limited to one small stud per ear. No other facial jewelry, oral and/or other visible body piercing will be allowed. Hoop and ear clip type earrings are not permitted.
- A white, blue or black button-down or polo shirt with a collar (white crew neck T-shirt underneath is preferred) **(NO T-shirts allowed)**
- Black or navy blue Dickie or uniform style pants **(NO Blue Jeans allowed)**
- Polished black work-boots or black shoes **(NO Sneakers of any kind)**
- Clothing must be neat & ironed.
- No heavy perfumes or colognes.
- Fingernails must be clean & well-trimmed (not past the fingertip) and not fake, nail polish must be professional (NO glitter or jewels on or through nails)
- Necklaces must be worn inside of shirt. No dangling jewelry is permitted.

**Females:** No excessive make-up will be worn; Hair must be pulled back, away from the face and must be a natural color.

**Males:** Hair must be above the collar and ears; Goatees or mustaches are permitted, otherwise must be clean shaven.

**The Management team of American Ambulance Service, Inc. reserves the right to deny any Third Rider from proceeding with ride time if they feel the observer is not in compliance with the list of requirements that have been described above.**

**Third Rider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Parent and/or Guardian, if observer is under 18 years of age.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship:**  Parent  Grandparent  Guardian  Other: \_\_\_\_\_

**Manager:** \_\_\_\_\_ **American Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### THIRD RIDER RELEASE OF LIABILITY

I, \_\_\_\_\_, shall indemnify and hold harmless American Ambulance Service, Inc. and its directors, officers, employees, agents, affiliates, subcontractors and customers from and against all allegations, claims, actions, suits, demands, damages, liabilities, obligations, losses, settlements, judgments, costs and expenses (including without limitation attorneys' fees and costs) which arise out of, relate to or result from any act or omission of American Ambulance Service, Inc.

Furthermore, I understand and agree to the following:

Initial

- \_\_\_\_\_ At no time am I permitted to operate any vehicle owned by American Ambulance Service, Inc.;
- \_\_\_\_\_ At no time am I permitted to operate any stretcher that has a patient on it unless functioning in the capacity as a Paramedic student;
- \_\_\_\_\_ At all times, I am responsible for following all guidelines, policies and procedures as established by American Ambulance Service, Inc.;
- \_\_\_\_\_ I am aware that American Ambulance Service, Inc. will make every possible effort to conclude my observation time at its scheduled conclusion time. I am aware that due to patient care, company contracts, emergency operations and unforeseen incidents that this may not always be possible;
- \_\_\_\_\_ American Ambulance Service, Inc. assumes no liability or responsibility for any expenses assumed by the Third Rider due to getting out late.

**Third Rider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Parent and/or Guardian, if observer is under 18 years of age.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship:**  Parent  Grandparent  Guardian  Other: \_\_\_\_\_

**Manager:** \_\_\_\_\_ **American Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## CONFIDENTIALITY STATEMENT FOR THIRD RIDERS

1. During the course of your shift, you will be part of the patient care process which includes access to information that is considered confidential information under the Health Insurance Portability and Accountability Act (HIPAA). It must be understood that at no time will the events concerning a patient’s care or confidential information be released to anyone other than those involved in the immediate care of that particular patient. You must understand that when talking about your experience at American Ambulance Service, Inc., only generalized statements with regards to a patient’s care may be discussed. At no time can you divulge any confidential information in regards to the patient. This is protected information under HIPAA and could result in your prosecution.
2. All Third Riders will take appropriate steps to ensure they will remain only in authorized areas of American Ambulance Service, Inc. and that they will not open any files, desks, boxes, disk storage cases, or any other containers that may potentially contain confidential and proprietary information.
3. Any questions regarding this statement or information should be directed to an on-duty manager of American Ambulance Service Inc.

**Third Rider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Parent and/or Guardian, if observer is under 18 years of age.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship:**  Parent  Grandparent  Guardian  Other: \_\_\_\_\_

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## THIRD RIDER CHECKLIST

### For AASI Management Only:

- \_\_\_\_\_ Ride-Along Application complete with signatures
- \_\_\_\_\_ Third Rider Requirements page completed and Third Rider meets dress code requirements
- \_\_\_\_\_ Release of Liability Statement signed
- \_\_\_\_\_ Confidentiality Statement signed
- \_\_\_\_\_ Issue a Third Rider bag containing an AASI High Visibility Jacket

Manager: \_\_\_\_\_ American Number: \_\_\_\_\_ Date: \_\_\_\_\_