EMS Participation

In an effort to improve education and comply with RRC requirements, we are instituting a system of ride-alongs for residents. In this program, the pediatric resident will participate in one ride-along with a Rural-Metro paramedic in the downtown Buffalo area. This will be done while rotating through the Emergency Department at Children’s Hospital of Buffalo. Alternatively you could schedule a time when you are on elective, as long as you provide the documentation below.

Each resident will report to Rural-Metro headquarters on a day off from the ED. You should report at 5pm as this is shift change for the paramedics. You will ride along with the car for a minimum of 4 hours. Return times are flexible as at times the car may be out on a call and cannot immediately return to the base. It is helpful to note to them that you are a pediatric resident, so as to go on an appropriate ride-along.

You should report to the following address:
Rural-Metro Medical Services
481 William Gator Parkway
Phone: 882-8400 (ext 301 for directions)

To document your participation, you will need the paramedic to sign and date below, and you will fill in your name along with the time spent on the ride-along.

Resident Name: __________________________

Date: ______________
Time: ______________

Paramedic Signature: ____________________
LaSalle Ambulance, Inc., d/b/a Rural/Metro Medical Service (hereinafter referred to as “Rural/Metro”) provides medical emergency response services and all activities related thereto (hereinafter referred to as “Response Services”). I, ______________________________, [Print Name of Participant] living at [Insert Full Address] desire to participate in, observe and/or otherwise take part in Response Services. I ACKNOWLEDGE THAT MY PARTICIPATION IN THE RESPONSE SERVICES IS STRICTLY AS AN OBSERVER AND I FURTHER ACKNOWLEDGE THAT I WILL NEITHER BE PERMITTED TO NOR WILL I RENDER ANY PATIENT CARE.

In consideration of Rural/Metro’s consent to allow me to participate in its inherently dangerous and risky activity of Response Services, I hereby knowingly, freely and voluntarily agree as follows:

I represent to Rural/Metro that I am legally competent and age eighteen or older and my driver’s license number is _________________, for the State of ______________ which states my birth date as _______________. I acknowledge that I am not an employee or agent of Rural/Metro.

During the observation program, I acknowledge that I will be exposed frequently to Protected Health Information as defined under HIPAA and understand that I am legally obligated and personally responsible for holding this information confidentially and not disclosing it to anyone unless such disclosure is permitted under the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 (“HIPAA”), and the regulations promulgated thereunder, including without limitation the federal privacy regulations as contained in 45 CFR Part 164 (the “Federal Privacy Standards”).

I understand that each situation that Rural/Metro responds to is based on incomplete and limited information provided often under extreme and emergency conditions and which may or may not be ultimately accurate. Moreover, I understand that each situation will contain unforeseen and unknown hazards, dangers and risks to me and to Rural/Metro. Rural/Metro’s Response Services is based upon whatever current information is available, at the time of the Response Services are provided so I expressly understand and agree that Rural/Metro makes no representation or warranty expressed or implied, written or oral regarding Response Services to me.

Given the very nature of Response Services, my participation in Response Services is inherently dangerous and risky. I acknowledge that participating in Response Services may result in, but is not limited to bodily injury, death, emotional trauma, burns, extreme noise, extreme lights and/or exposure to hazards like airborne or bloodborne pathogens, bacteria or other harmful transmission to me. Exposure to an airborne or bloodborne pathogen may result in the transmission of AIDS, hepatitis, TB or other infectious diseases.

I voluntarily and freely, with full understanding that I may be exposing myself to extreme danger, assume all risks in connection with the Response Services that I choose to participate in. I acknowledge the dangers and risks to which I may subject myself by participating in Response Services. Such risks include, without limitation, death, injury, disease, burns, emotional trauma, illness, disability, extreme noise, extreme lights and other damage to my person and/or property.

I understand that if I have an infectious disease, or a medical condition which could be triggered by participating in Response Services or if I am not physically capable and mobile to enable me to move without assistance that I would endanger the public and/or myself so that I represent that I do not have any of the above conditions.
I AGREE TO FOLLOW ALL INSTRUCTIONS, PROCEDURES, MEASURES AND DIRECTIONS GIVEN BY RURAL/METRO AND UNDERSTAND MY FAILURE TO DO SO MAY RESULT IN PROPERTY DAMAGE OR INJURY OR DEATH TO ME OR TO A THIRD PARTY. I UNDERSTAND THAT MY PARTICIPATION IN RESPONSE SERVICES MAY BE TERMINATED AT ANY TIME FOR ANY REASON BY RURAL/METRO. _____ INITIALS

I understand that I am completely responsible for all insurance coverage which I may wish to purchase to cover my participation in the Response Services.

I waive, release, discharge and indemnify Rural/Metro, its parent, subsidiaries and affiliates, and its and their respective officers, directors, stockholders, employees, agents, representatives, insurers, successors and assigns, of and from any claim, demand, right or cause of action, of any kind or nature whatsoever, whether based on tort, contract, warranty, or other theory of recovery, at law or in equity, vested or contingent, that I or my spouse, family, parents, children, estate, heirs, agents, insurers, successors or assigns may at any time have as a result of the Response Services for Rural/Metro. _____ INITIALS

I UNDERSTAND THAT THIS WAIVER, RELEASE AND INDEMNITY IS INTENDED TO WAIVE, RELEASE, DISCHARGE AND INDEMNIFY IN ADVANCE RURAL/METRO, ITS PARENT, SUBSIDIARIES AND AFFILIATES, AND ITS AND THEIR RESPECTIVE OFFICERS, DIRECTORS, STOCKHOLDERS, EMPLOYEES, INSURERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS, FOR, FROM AND AGAINST ANY AND ALL LIABILITY TO ME ARISING FROM THE RESPONSE SERVICES RURAL/METRO IS INVOLVED IN. THIS INCLUDES, WITHOUT LIMITATION, ANY LIABILITY (INCLUDING CONSEQUENTIAL, INDIRECT, SPECIAL OR INCIDENTAL DAMAGES) ARISING FROM INJURY OR DAMAGE THAT I SUFFER OR CAUSE DURING THE RESPONSE SERVICES, INCLUDING, WITHOUT LIMITATION, DEATH, INJURY, EMOTIONAL TRAUMA, BURNS, ILLNESS, DISABILITY, EXTREME LIGHTS, EXTREME NOISE OR OTHER DAMAGE TO MY PERSON AND/OR PROPERTY OR THIRD PARTY, AND ALL RISKS CONNECTED THERETO, WHETHER FORESEEN OR UNFORESEEN, RESULTING FROM NEGLIGENCE OR OTHERWISE. _____ INITIALS

I agree that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of New York. If any provision of this Waiver and Release shall be ineffective or invalid, such provision shall be ineffective or invalid only to the extent of such prohibition or invalidity, without invalidating the remainder of such provision or the remaining provisions of this Waiver and Release, which shall remain in full force and effect. _______ INITIALS

So long as I participate in Response Services, in the event any representation or obligation of mine in this Agreement is no longer accurate, or true, I agree to inform Rural/Metro immediately in writing of such occurrence. I realize that Rural/Metro is relying upon my representations and agreements made in this Agreement and that my failure to adhere to this Agreement could seriously injure someone, cause their death or damage property. ______ INITIALS

I HAVE READ THIS AGREEMENT AND THE WAIVER, RELEASE AND INDEMNITY BEFORE SIGNING IT, AND FULLY UNDERSTAND AND AGREE TO ITS TERMS.

By: _____________________________  Reason for ride-out. Be specific (e.g. interest in career in EMS, member of volunteer agency, etc.)

Name: ___________________________

Date: ____________________________

Date Rec’vd in Safety Office: ____________________________

_____ Approved

_____ Denied

Reviewed by CC/Manager prior to Ride Out:

Signature ____________________________ Date ____________________________

Crew Assigned to: ____________________________

Waiver #