



Ankeny Fire Department Observer Ride-time Packet

Welcome to the Ankeny Fire Departments observation experience program. We hope that your time spent with us will be educational and your knowledge and understanding of emergency medical services expanded.

The following information is provided to you with our hopes that it will make your ride-time more rewarding and answer some basic questions prior to your scheduled shift. Please complete the waiver and information sections contained within and bring them with you to your scheduled interview prior to your first shift.

Should you experience any problems while riding with us, please feel free to contact me or one of the administrative chief officers directly.

Sincerely,

Daniel Schellhase
Division Chief

REQUIREMENTS

1. All observers must have current health insurance coverage and be at least 16 years of age.
2. All observers shall complete and have on file the following:
 - a. Student Information Form and Liability Release
 - b. Guest/Trainee Confidentiality and Non-Disclosure Agreement
3. All observers shall follow uniform and appearance guidelines

SCHEDULING OBSERVATION SHIFTS

1. Contact Division Chief Daniel Schellhase to set-up an interview session to discuss the program expectations and to schedule shifts. Observers under the age of 18, shall have a legal guardian present at the interview.
 - a. Office: (515) 965-6473 / Email: dschellhase@ankenyiowa.gov
2. Shifts are available seven days a week from 0600hrs-1800hrs, excluding observed holidays by the City of Ankeny.
3. Observers shall report to their assigned fire station 15 minutes prior to their scheduled shift.

The addresses of the fire stations are:

Station #1
120 NW Ash Drive

Station # 2
665 SE Oralabor Road

Station #3
1360 NE 36th Street

EXPECTATIONS

USE OF FACILITIES:

Eating arrangements are the responsibility of the observer, however, kitchen facilities are available for use. On duty crews often eat together by making a large meal and sharing the cost. When available, be prepared to contribute towards the cost of the meal. There are areas available for studying, and it is recommended that you bring reading/study material to occupy your time. Sleeping facilities are not available. A telephone is available for limited personal use and should only be used for local calls.

CONFIDENTIALITY

The profession of providing emergency medical care to our patients often involves the discovery of personal information about the patient. In order for us to treat our patients effectively, we must have their trust so the patient will be able to relay pertinent information to us in confidence. It is the policy of the Ankeny Fire Department that information about the patient's condition and personal history will not be given out to anyone not directly involved in patient care or those involved in quality assurance. Requests for patient information must be handled with protection of our patient's confidentiality, legal rights and privacy.

ATTIRE

1. Observers shall wear dark blue pants (no jeans) and a navy blue dress shirt, polo, or sweatshirt (no logo).
2. A jacket will be provided by our staff if necessary. We will not permit shirts or jackets to be worn that have certification or other service patches affixed to them.
3. Shoes or boots shall be black in color and made of a material that will take a shine when polished.
4. Jewelry shall be limited to a watch and one ring on one finger of each hand. Necklaces, if worn, shall be kept inside the shirt at all times.
6. Observers shall participate in an orientation of our facilities, including the ambulance on your arrival. If you are uncomfortable with anything, contact a crew member for assistance or instruction.
7. If an observer's clothing becomes contaminated, the use of Ankeny Fire Department extractors shall be used. Observers shall be responsible for a change of clothing during the wash/dry cycle. Please bring a change of clothes with you to each ride time session.

PERSONAL APPEARANCE

You will be expected to follow the appearance code required of our staff which is outlined as follows:

1. Body Modification or body alteration shall be defined as the deliberate altering of the appearance of the human body for non-medical purposes. This shall include but not be limited to tattoos, piercings, and/or gauges.
2. Any form of body modification shall not be visible by the general public. This includes tattoos, body piercings, gauges or similar modifications.

3. Grooming:
 - a. Fingernails will be clean and neatly trimmed.
 - b. Face will be clean shaven except for sideburns and mustaches that meet the following:
 - i. Sideburns, if worn, shall be neatly trimmed, not extending below the lowest part of the ear, not flared, of even width and ending with a clean-shaven horizontal line
 - ii. Mustaches, if worn, shall be neatly trimmed and shall not fall more than 1" below the corner of the mouth and shall not be wider than 3/4" on either side of the mouth.
 - iii. The mustache may not have any decorative designs, circles or be waxed in any form that is not ordinary. There shall also be no hair under the bottom lip, between the lengths of hair coming down each side of the mouth nor should any hair extend out the bottom of the face piece.
 - iv. Beards and goatees will not be allowed. The face must be clean shaven for working purposes except for mustaches and sideburns.
 - c. Acceptable hair styles will be determined by the following guidelines:
 - i. The length, bulk, or appearance of the hair will not be excessive, ragged, or unkempt.
 - ii. Hair will be neatly groomed and will not hang over the collar.
 - iii. Hair that falls below the collar of the uniform shirt shall be maintained in a single ponytail while on duty. An elastic type band may be used to maintain a ponytail.
 - iv. Ribbons or ornaments shall not be worn in the hair except for neat and inconspicuous bobby pins and conservative, unadorned barrettes or head band
 - v. Hairpieces or wigs worn on duty must conform to the same standards as stipulated for natural hair.
 - vi. Hair coloring, if used, must look natural
4. Cosmetics: When worn, will be in good taste using conservative, natural looking cosmetics
5. Any observer whose appearance does not look neat and professional will be asked to leave.

DURING YOUR SHIFT

1. When responding to alarms, the observer shall remain seated at all times and will wear a seat belt.
2. Anytime an observer is in or around roadways, intersections, or parking lots, the observer shall be wearing a reflective traffic vest.
3. The observer/student will be expected to participate in all aspects of the preceptor's station duties including training.
4. If you are unable to complete your scheduled shift, notify us by calling (515) 965-6473 or (515) 965-6470 as early as possible. Failure to notify our offices of your cancellation may result in termination of further ride along opportunities.

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OBSERVER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Phone Number: _____

Are you over the age of 18? Yes No (*If no, a parent and/or guardian shall be required to complete the liability and HIPAA release forms*)

Emergency Contact Information: Name: _____

Phone Number: _____ Relationship to observer: _____

PASSENGER LIABILITY RELEASE

WHEREAS, the undersigned has requested authorization to ride in an Ankeny Fire Department Emergency Medical Services vehicle for the purpose of:

Observation _____

The undersigned does hereby release and discharge the City of Ankeny, Iowa, it's emergency care providers, agents, and employees from any and all liability, claims or demands for injuries which may be suffered or property damage which may occur in the course of, or arising out of, the presence of said undersigned in an Emergency Medical Services vehicle during the time of such ride or the presence of the undersigned during Emergency Medical Services related activities.

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE THAT THE INFORMATION S/HE HAS PROVIDED IS TRUE AND THAT S/HE HAS READ AND UNDERSTANDS THE INFORMATION IN THE ATTACHED BROCHURE. THE RIDER FURTHER ACKNOWLEDGES THAT S/HE UNDERSTANDS AND IS FULLY AWARE OF THE POTENTIAL DANGERS WHICH CAN OR MAY OCCUR.

This agreement is binding on my heirs, representatives, and assigns.

Dated this day of, _____ 20____

Signature of Observer or Legal Guardian if applicable: **X** _____

Now, therefore, in consideration of the execution of this release, the above named individual is hereby granted permission to ride in an Ankeny Fire Department Emergency Medical Services vehicle for the purpose stated.

This waiver shall become effective on _____, 20____ and remain in effect for a period of one year.

Division Chief or designee

RETURN THIS COMPLETED FORM TO ANKENY FIRE DEPARTMENT

**Confidentiality Agreement
City of Ankeny Fire Department
Observer Confidentiality and Non-Disclosure Agreement**

I _____ (*print name of observer*) acknowledge that patients provide and City of Ankeny Fire Department collects personal, confidential information verbally, in writing, and through digital means. I understand and agree that any information pertaining to patients is strictly confidential and protected by federal and state laws and that I will not use or disclose patient information in any way, unless City of Ankeny Fire Department authorizes me to do so.

I agree that I will comply with all HIPAA policies and procedures in place at City of Ankeny Fire Department during my experience as a guest/trainee with City of Ankeny Fire Department. If at any time I knowingly or inadvertently breach patient confidentiality or violate the HIPAA policies and procedures of City of Ankeny Fire Department, I agree to notify City of Ankeny Fire Department immediately.

I also understand that I may be exposed to other confidential or proprietary information of City of Ankeny Fire Department and I agree not to reveal any of that information to anyone at any time, unless I am authorized by City of Ankeny Fire Department to do so. This means that I will not disclose information about City of Ankeny Fire Department's business practices or other information that City of Ankeny Fire Department might consider to be confidential or proprietary.

Failure to uphold these obligations may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of City of Ankeny Fire Department. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient information or confidential or proprietary information in my possession. I understand that any patient or confidential information that I see or hear while a guest/trainee will stay here at City of Ankeny Fire Department when I leave.

I have been given an overview of City of Ankeny Fire Department's HIPAA policies and procedures and have been given access to review those policies and I agree to abide by them.

Observer:

Print Name of Observer or Legal Guardian if applicable : _____

Signature of Observer or Legal Guardian if applicable: _____

Date: _____

For City of Ankeny Fire Department:

Print Name: _____

Signature: _____ *Date:* _____

RETURN THIS COMPLETED FORM TO ANKENY FIRE DEPARTMENT