



McCutchanville Fire Department

Ride-Along Waiver for Fire Department Personnel Outside of our Agency

I, _____, agree not to hold the McCutchanville Fire Department, its members, or others directly linked to the department, responsible for any injuries, up to and including death. This includes emergency responses, non-emergency response, as well as routine duties or activities around the fire station.

By signing below, I state that I agree to the aforementioned statement, and I will not hold the McCutchanville Fire Department, the elected board officials or the trustee(s) of Center Township liable for said injuries.

Name _____

Address: _____

City: _____ State: _____ ZIP: _____

To be eligible to ride along as a civilian, the information in all four pages needs to be fully completed, then ultimately approved by an officer. Failure to complete and comply with any page, signifies a lack of ability to ride-along with the McCutchanville Fire Department.

Signature: _____ Date: _____ [RIDE ALONG APPLICANT]

Signature: _____ Date: _____ [M.F.D. OFFICER SIGNATURE]

McCutchanville Fire Department

Racial and Sexual Harassment Policy for Ride-Alongs

All firefighters of the McCutchanville Fire Department, as well as ride-along applicants, will be afforded a work environment free from racial and sexual harassment.

Racial and sexual harassment will not be tolerated at the McCutchanville Fire Department, nor aboard any of its fleet vehicles. Any firefighter or ride-along found to have harassed another firefighter would be subject to disciplinary action, which could include termination from the department. If the instance involves the ride-along applicant, it could result in removal of the applicant from department property.

Harassment includes, but is not limited to, unwelcome conduct such as sexual innuendoes, derogatory remarks, slurs or name calling, graffiti, jokes, pranks, subtle pressure for sexual activity, touching, patting or pinching, demand for sexual favors accompanied by implied or overt threats concerning one's position and sexual assault.

Such conduct is counterproductive insidious, and results in negative repercussions throughout the total organization. It interferes with a firefighter's work performance and creates an intimidating, hostile or offensive working environment.

Any firefighter or ride-along who believes he or she has been a victim of racial or sexual harassment should report the alleged act to Fire Department Officer of any rank. Please utilize the chain of command if at all possible first. A confidential investigation of any complaint will be promptly undertaken.

I, _____, have read and understand the above policy, and agree to abide by it as long as I am a member of the McCutchanville Fire Department, or remain a ride-along here.

Signature: _____

Witness: _____

Date: _____

McCutchanville Fire Department

Zero Tolerance Policy for Ride-Alongs

The McCutchanville Fire Department has adopted an official Zero Tolerance policy in which NO member shall respond to any fire department activity, including but not limited to, runs, meetings or training functions, if that member has consumed any alcohol or controlled substance.

If a member of the McCutchanville Fire Department, or a department ride-along is suspected of violating this policy, the member shall be subject to being relieved of duty. The member will be subject to disciplinary procedures as outlined by the fire department's Standard Operating Procedures, and shall be subject to a chemical test, at the fire department's expense. Refusal to submit to said chemical test shall result in immediate suspension from the McCutchanville Fire Department, and any property under the department's use.

I, _____, have read and understand the above policy, and agree to abide by it as long as I am a member of the McCutchanville Fire Department, or a ride-along within the department, whichever is most appropriate.

Signature: _____

Witness: _____

Date: _____

McCutchanville Fire Department

Patient Privacy/HIPAA Policy for Ride-Alongs

General Public Health Activities. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA). Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual’s authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b).

For disclosures to a public health authority, covered entities may reasonably rely on a minimum necessary determination made by the public health authority in requesting the protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).

Other Public Health Activities. The Privacy Rule recognizes the important role that persons or entities other than public health authorities play in certain essential public health activities. Accordingly, the Rule permits covered entities to disclose protected health information, without authorization, to such persons or entities for the public health activities discussed below.

- **Child abuse or neglect.** Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports. For instance, the social services department of a local government might have legal authority to receive reports of child abuse or neglect, in which case, the Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization. Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports. See 45 CFR 164.512(b)(1)(ii). See also 45 CFR 512(c) for information regarding disclosures about adult victims of abuse, neglect, or domestic violence.
- **Quality, safety or effectiveness of a product or activity regulated by the FDA.** Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for

which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:

- Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
 - Tracking FDA-regulated products;
 - Enabling product recalls, repairs, replacement or lookback (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of lookback); and
 - Conducting post-marketing surveillance. See 45 CFR 164.512(b)(1)(iii). The “person” subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association. Covered entities may identify the party or parties responsible for an FDA-regulated product from the product label, from written material that accompanies the product (known as labeling), or from sources of labeling, such as the Physician’s Desk Reference.
- **Persons at risk of contracting or spreading a disease.** A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered entity is legally authorized to do so to prevent or control the spread of the disease. See 45 CFR 164.512(b)(1)(iv).

In closing, all ride-along members are expected to fully comply with the aforementioned policy. The discussion of ANY PATIENT INFORMATION, which is to include incident address, patient’s age, patient’s name or any other personal information, is strictly prohibited by department policy **and** federal law. If a ride-along member fails to comply with this policy, the ride-along member will be held FULLY responsible for his/her action, and the department will fully comply with any law enforcement requests.

Signature: _____

Date: _____

Witness: _____