



AMERICAN MEDICAL RESPONSE

STUDENT/INTERN PACKET

STATION LOCATION

***AMR-Regional Operations Center
(ROC)***

401 NW "F" Street
Grants Pass, OR 97526
(541) 474-6303

TO SCHEDULE RIDE TIME WITH AMR
PLEASE CONTACT

RUSTY RIIS
Rider Coordinator
(541) 291-0520
rusty.riis@amr.net

AMR Protocols Available
www.jocoems.com



Rider/Intern

Scheduled Ride Times

AMR Josephine County does not currently charge students for riding with our agency. With that said, it should be considered a privilege to ride with AMR. Riders/Interns should keep in mind that AMR does this as a courtesy to the local colleges and the students. When scheduling dates for internships or rides with AMR keep the following in mind:

- AMR has the right to change your ride dates/times with notice
- ***The students consider ALL DATES scheduled final.*** Any change in schedule may be grounds for dismissal of Rider/Intern privileges to ride with AMR.
- Illnesses or Family Emergencies are expected, however, greater than one illness date per scheduled rider period may be grounds for dismissal of Rider/Intern privileges to ride with AMR.
- If there is an Illness or Family Emergency, the rider coordinator needs to be contacted within 24 hours.
- Rider dates and times will be arranged through the coordinator **ONLY**, not the EMT's or Paramedics they wish to be scheduled with.
- There will be a number of shifts available for scheduling. Bring your calendar and a list of pre planned dates for rides.

Questions about this policy to be referred to the rider coordinator.
Rusty Riis (541)291-0520



American Medical Response

RIDER/INTERN POLICIES

PLEASE NOTE

Being a rider/intern with AMR is a privilege, which AMR openly provides as long as the policies, rules and procedures are observed. Any rider/intern who violates any of these guidelines will be terminated from the program.

1. Riders are only to be at their assigned stations during their previously scheduled ride time. They may ride from **0800-2200** unless they are held over on a call. Exceptions to this will only apply when a person is assigned to a night medic.
2. Completion of your time or call requirements constitutes completion of your ride time with AMR until all other students have completed their course requirements. After that more time may be scheduled provided students are still covered under school insurance.
3. All rider/interns **MUST** be dressed appropriately. A white dress shirt/polo or plain white blouse and dark blue or black slacks with solid black boots or shoes are the **ONLY** dress considered appropriate to represent AMR in the field. **NO** skirts, jeans, t-shirts, sandals, or jewelry (earrings, tongue rings, eyebrow rings, bracelets etc.) are allowed. Inappropriately dressed individuals will be sent home. No part of the AMR uniform is to be worn. This includes anything that could be mistaken for an AMR uniform such as quarter zips, jackets, jumpsuits, or fire department shirts.
4. All rider/intern must follow all of the AMR company policies and procedures. **THE ON DUTY CREWS ARE TO HAVE FULL USE OF THEIR STATION AT ALL TIMES WITHOUT INTERRUPTION FROM GUESTS USING THE RIDER PROGRAM.** You are not allowed to make or receive phone calls, answer the phones, or show up to any station you have not been previously assigned to. You are not allowed to occupy the crews sleeping areas. Desks are restricted to crew use only unless there are no crewmembers present who wish to use them. There are policy manuals at each station for review.
5. All riders/interns are the direct responsibility of the AMR crew. You will follow the directives from your assigned crew.

6. All riders/interns will not interfere with the public, patient, supporting agencies, media etc. unless requested to do so by the AMR crew.
7. All riders/interns are not permitted to use company radios, drive any ambulances or other AMR vehicles at any time or under any circumstances.
8. All rider/interns must complete the statement of liability release; have it witnessed by another AMR employee BEFORE any ride time may be scheduled.
9. All riders/interns must have their own TB mask and have had a smoke test performed by a qualified individual certified to perform airborne filter fit mask fit test. The interns should be responsible for this.
10. All riders/interns must have completed a Blood Borne Pathogens class prior to scheduling ride time.
11. All attempts will be made to ensure that the rider/intern will remain with the same preceptor when at all possible.
12. Under no circumstances is the rider/intern to write a AMR PHCR regarding patient care.
13. Under circumstances is the rider/intern to contact his/her preceptor on their days off. If a problem should arise call Rusty Riis at 541-291-0520 between 0800-2200.
14. Under no circumstances is any AMR employee or company information to be obtained from any AMR station. This includes phone lists, work schedules etc. AMR employees are not permitted to give out phone numbers of crewmembers or stations. All types of internal information are classified.
15. All riders/interns will utilize their time productively for completion of their paperwork, studying and reading in completing their classroom assignments. AMR does not guarantee any interns that they will be able to obtain all the required calls necessary to complete their scholastic requirements. It is highly recommended that the intern have a secondary agency possible of an unexpected decrease in call volume.

Revised 04/09/2009



AMERICAN MEDICAL RESPONSE

MEMORANDUM

TO: Riders/Interns

FROM: Rusty Riis
Rider/Intern Coordinator

RE: Biohazard exposure risk

Biohazards are an inherent part of EMS today. Everyday EMS personnel have potential to be exposed to blood, urine, emesis, and other body fluids that may contain infection diseases. There is always the risk of being exposed to pathogens that could be harmful or potentially fatal, if proper personal protective equipment is not worn.

At AMR it is mandatory for all our personnel to wear gloves and goggles on all EMS calls. **The rider/intern is at high risk from patients that have coughs, fever, rashes, projectile vomiting, and body fluids from patients with heavy trauma.** Although the AMR crew can provide you with gloves to protect yourself, you must provide your own set of goggles to protect your eyes.

If at any time you feel the need for additional protection, advise your AMR crew and they will supply you with a complete set.

If you are unfamiliar with AMR's biohazard policies and procedures, advise AMR crews and they will review our policies and procedures with you and show you where the PPE suits, gowns and gloves are kept on the MICU.

Any further questions should be directed to me personally.

Sincerely,

Rusty Riis
Rider/Intern Coordinator
American Medical Response-Josephine County
541-291-0520

AMR RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, being over the age of eighteen (18) years of age, hereby acknowledge that I have made a request of American Medical Response to be permitted to ride as a Rider, Observer, Student, Intern, Agency Student or Guest or in an ambulance owned by AMR, while operating under the direction of and by American Medical Response.

In consideration of the privilege of riding as a Rider, Observer, Student, Intern, Agency Student, or guest of American Medical Response, I hereby assume all of the risks in connection with such transportation. I further hereby release American Medical Response and any employee of said company in all and every respect for harm, injury or damage, which may befall me while riding as a Rider, Observer, Student, Intern, Agency Student, or guest of American Medical Response. I further Agree to save and hold harmless American Medical Response and any said employee from any claims by me, my family, estate, heirs or assigns arising out of or in connection with any trip or transport made by me in any American Medical Response vehicle.

I have fully informed myself of the contents of this Release and Hold Harmless Agreement by reading it and having any of its contents explained to me were unclear before I signed it.

Dated this _____ day of 20__ at Josephine County Regional Center, Grants Pass, Oregon

Signature of Rider/Intern

Date Phone Number

Signature of Guardian (if under 18)

Date Phone Number

Print Signature Name

Relationship to Signer

Witness

Date Time

PATIENT CONFIDENTIALITY

All Observers must strictly adhere to AMR's policies and procedures relating to the Health Insurance Portability & Accountability Act of 1996 (HIPPA). In Summary, it is the policy of AMR that:

1. Any information (medical or personal) received on any patient by any means will not be discussed with anyone that is not directly associated with the call. This includes the name, address, or identity of any patient connected with their condition, treatment, or medical history.
2. No documentation of the patients name, address, or identity connected with their condition, treatment, or medical history is allowed. Similarly **Observers shall not carry/use cameras or other recording devices of any kind.**
3. Under no circumstances will the patient care report be copied for the observer for his/her agency, hospital, office, or department. If a PCR is needed, a formal request can be made subsequent to the ride-along experience through appropriate channels.

Any observer will be immediately dismissed from the ride-along upon breach of patient confidentiality as outlined above. The observer will be ineligible for any further ride time, and their organization will be notified.

I have read and understood the above summary of AMR's policy expectations related to patient confidentiality. I also understand that I am to speak out the correct answers to any patient information and confidentiality questions I have before, during, or after my ride-along experience.

By signing below, I affirm my commitment to maintain the confidentiality of patient medical and personal information and to comply with the requirements specified above.

Print Name

Observer's Signature

Date

REFUSAL OF HEPATITIS (HBV) VACCINATION

I, _____ refuse to be vaccinated with the H.B.V vaccination at this time.

I understand that I may become exposed to various diseases on a daily basis while being a rider at American Medical Response. I understand these exposures can happen while in, on or around an M.I.C.U. or on a call.

I understand that American Medical Response requests all of its employees and riders to be inoculated against the H.B.V. virus.

I understand that I have the right to refuse the H.B.V. vaccination. I also understand that by refusing the H.B.V. vaccination that I am reducing the possibility of obtaining the H.B.V. antibodies that could keep me from contracting the disease if I become exposed to a H.B.V. carrier.

I agree to hold American Medical Response harmless in the event that I should contract any disease including H.B.V. while participating in the American Medical Response rider program.

Signature of Rider

Date Time

Print Name

Witness

I already have the H.B.V. vaccination. I also agree to hold American Medical Response harmless in the event that I should contract any disease including H.B.V., while participating in the American Medical Response Rider program.

Signature

Date Time

Print Name

Witness

Please attach a copy of H.P.V. vaccination