



805 Capitol Street
Yankton, S.D. 57078
Phone: (605) 668-9033
Fax: (605) 668-0585



Dear Student or Observer,

Welcome to the Yankton County EMS Student Ride-Along and Field Internship program. Our staff will insure that your ride-along experience is a professional and enjoyable learning experience.

Yankton County EMS responds to nearly 2,000 calls for service each year. We cover nearly 500 square miles across Yankton County and the area around South Yankton, Nebraska. Patients are transported to Avera Sacred Heart Hospital in Yankton and we also utilize helicopter services from Sioux Falls, Sioux City, IA and Norfolk NE when scene flights are necessary.

This document outlines the requirements and expectations of our students. Please review all the material and fill out the necessary forms.

We look forward to having you ride along with us.

A handwritten signature in black ink that reads "Troy Cowman".

Troy Cowman, NRP
Senior Paramedic
Training Officer
Instructor Coordinator
Yankton County EMS
Yankton, S.D.

Yankton County EMS

Ride-Along and Field Internship Program Guideline

Purpose

The purpose of this guideline is to clarify the roles and responsibilities of both Yankton County EMS and the student / observer and to provide the rider with guidance for participating in the program.

Yankton County EMS offers this ride-along program for civilians and 911 dispatchers, First Responder, EMT, Paramedic and medical students and medical providers (including LPN, RN, CNP, PA, MD, etc). The field internship is offered to advanced EMS providers, including AEMT and Paramedic students. This program is available to students from area colleges, universities and various training programs that are approved by a state EMS office or organization.

Yankton County EMS will provide a professional learning environment where all participants will feel welcome.

Pre-requisites

The following pre-requisites are required for any student to ride along with Yankton County EMS:

- 1. Medical Student (Physician, PA, CNP, RN, LPN, etc)**
 - a. Active enrollment in appropriate medical program
 - b. Completed education as deemed appropriate by student program director
 - c. Completion of HIPAA and infection control education

- 2. First Responder / EMT**
 - a. Completion of patient assessment education in textbook
 - b. Completion of vital signs education in textbook
 - c. Completion of HIPAA and infection control education
 - d. Healthcare Provider CPR certification

- 3. Advanced EMT / Paramedic**
 - a. All pre-requisites listed above for First Responder / EMT
 - b. IV / IO competency skills checked off by training officer or designee
 - c. Advanced airway competency skills checked off by training officer or designee

Documentation

The following documents must be provided to Yankton County EMS when the student arrives for their ride-along, or prior to that time. All forms will be active for twelve (12) months from the date on the form:

- 1. Medical Student (Physician, PA, CNP, RN, LPN, etc)**
 - a. Proof of HIPAA and infection control education
 - b. Yankton County EMS Waiver and Release of Liability form
 - c. Yankton County EMS Employee / Trainee Confidentiality Form

- 2. First Responder / EMT**
 - a. All documentation listed above for medical students
 - b. Yankton County EMS Student Checklist Form

3. AEMT / Paramedic

- a. All documentation listed above for medical, first responder and EMT students
- b. South Dakota Board of Osteopathic and Medical Examiners (SDBMOE) student status
- c. Proof of liability insurance

Scheduling

Students / observers will be scheduled on a first-come, first-served basis. Only one (1) student or observer is allowed to ride along at any given time. Any participant may be bumped off the schedule in order to give the ride-along shift to a recently hired Yankton County EMS employee who is riding for their employee orientation.

1. Contact Yankton County EMS

- a. Office phone number is (605) 668-9033
 - i. Call only Monday through Friday, 8:30 am – 5:00 pm
 - ii. Ask for the training officer or ambulance administrator
- b. E-mail contacts
 - i. Training officer: troy@co.yankton.sd.us
 - ii. Administrator: ycems@co.yankton.sd.us

2. Working shifts

- a. Preferred start time is 7:00 AM
 - i. Medical students are scheduled for eight (8) hour shifts
 - ii. First Responder, EMT, AEMT and Paramedic students are scheduled for twelve (12) hour shifts
- b. No students are allowed to ride along between 10:00 PM and 7:00 AM
- c. No students are scheduled to ride along on holidays

3. Dress Code

- a. Clean t-shirt or polo shirt
 - i. White, black or navy blue
 1. No lettering, phrases, pictures or logos
 - ii. Sponsoring agency or training organization shirt is acceptable
- b. Dark pants
 - i. Black or navy blue
 - ii. Full length, no shorts allowed
 - iii. EMS pants are acceptable
- c. Black shoes
 - i. Boots are preferred but not required
 - ii. No high heels or open toe shoes
- d. Hats / winter caps
 - i. Black or navy blue
 1. No lettering, phrases, pictures or logos
 - ii. Sponsoring agency or training organization hat / cap is acceptable
- e. Student ID tag
 - i. Sponsoring agency or training organization issued
 - ii. Yankton County will provide if none is issued by agency / organization
- f. Appearance
 - i. No body piercing on face, tongue, neck, or arms
 - ii. Earrings should be small and unable to be grasped
 - iii. Large or inappropriate tattoos must be covered

Responsibilities

All participants are responsible for their actions. This includes accountability, professionalism, team participation and confidentiality, among other responsibilities as outlined in this section.

1. Absent notifications

- a. Student / observer is responsible for notifying Yankton County EMS if they are unable to attend their scheduled shift.
 - i. Call the office at (605) 668-9033 during business hours or before the shift is scheduled to begin
 - ii. Do not call before 6:45 AM

2. Punctuality

- a. Participants are expected to arrive on time, but no more than ten (10) minutes before their shift begins
 - i. Follow parking and entry instructions on the student / observer checklist
- b. Students / observers will respond to all assignments, including emergency calls, non-emergency calls and inter-facility transfers
 - i. At the discretion of the supervising Paramedic, a student / observer may be required to stay at the station or in the cab of the ambulance during a call due to:
 1. Potential for violence or danger
 2. Possible exposure to infectious disease

3. Protective Equipment

- a. Proper personal protective equipment (PPE) will be used on every call
- b. PPE will be supplied to the student / observer by Yankton County EMS
 - i. Appropriately sized gloves
 - ii. Mask, if needed
 1. Surgical
 2. N-95
 - iii. Eye protection
 1. Safety glasses or goggles
 - a. Prescription eye glasses must be covered
 - b. Face shield
 - iv. Uniform covering
 1. Disposable gown
 2. Re-usable coveralls
 - a. Laundered after each use or exposure

4. Skills and Interventions

- a. Students will practice skills appropriate for their training level as directed by the supervising Paramedic
 - i. Field internship students should get to a point where they are the team leader and make intervention decisions under the leadership of the supervising Paramedic
- b. Confidentiality will be strictly enforced
 - i. Patients and calls are not to be discussed after the shift



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WAIVER AND RELEASE OF LIABILITY

In consideration for being allowed to participate in, observe and/or otherwise take part in emergency medical transports, and all activities related thereto (The "Ride-Along Program"), **THE UNDERSIGNED DOES HEREBY REMISE, RELEASE FOREVER DISCHARGE AND HOLD HARMLESS YANKTON COUNTY AND ITS DEPARTMENTS, AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS, SUCCESSORS, ASSIGNS, INSURERS, HEIRS, EXECUTORS AND ADMINISTRATORS OF AND FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS, ACTIONS AND CAUSES OF ACTION DIRECTLY OR INDIRECTLY ASSOCIATED WITH, ARISING FROM, OR RELATED TO THE UNDERSIGNED'S PARTICIPATION IN THE RIDE-ALONG PROGRAM INCLUDING, BUT NOT LIMITED TO, ANY AND ALL CLAIMS, DEMANDS, RIGHTS, ACTIONS AND CAUSES OF ACTION FOR PERSONAL INJURIES, DISABILITIES OR DEATH, AND DAMAGES TO OR LOSS OF PROPERTY, DIRECTLY OR INDIRECTLY, ASSOCIATED WITH, ARISING FROM OR RELATED TO THE UNDERSIGNED'S PARTICIPATION IN THE RIDE-ALONG PROGRAM. THE UNDERSIGNED HEREBY ASSUMES ALL RISKS ASSOCIATED WITH THE RIDE-ALONG PROGRAM. THIS WAIVER AND RELEASE SHALL BE BINDING ON THE UNDERSIGNED, HIS OR HER HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS.**

I have read and understand this Waiver and Release.

Dated this _____ day of _____, 20_____.

Signature

(print name)



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Yankton County EMS Employee/Trainee Confidentiality Agreement

I understand that **Yankton County EMS**, employees, trainees, observers, and others have a legal and ethical responsibility to maintain the privacy, to protect the confidentiality, and to safeguard the personal health information of its patients.

In addition, I understand that during the course of my employment/affiliation/observation with **Yankton County EMS**, I will see and hear confidential information such as operational or individual information verbally, in writing, recorded and through digital means that **Yankton County EMS** is obligated to maintain as confidential.

As a condition of my employment/affiliation/observation with **Yankton County EMS**, I understand that I must sign and comply with this agreement.

By signing this document I understand and agree that:

I will disclose patient care information and/or confidential information only if such disclosure complies with **Yankton County EMS's** policies, and is required for the performance of my employment/affiliation/observation.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to confidential information or **Yankton County EMS** in an area where unauthorized individuals may hear such information (for example, in hallways, in the station, or public). I understand that it is not acceptable to discuss any patient care information in public areas even if specifics such as a name are not used.

I will not inquire about or facilitate the relay of any confidential information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of patient information or confidential information. Such unauthorized transmissions include, but are not limited to; removing and/or transferring confidential information from **Yankton County EMS's** computer system(s) to unauthorized locations (for instance, home, unless specifically authorized).

(continued on next page)

My personal access code(s), user ID (s), access keys and passwords used to access computer systems, ePCR platforms or other equipment shall be kept confidential at all times.

Upon termination of my employment/affiliation/observation with **Yankton County EMS**, I will immediately return all property (pager, uniform, ID badges, etc.) to **Yankton County EMS**.

I agree that my obligations under this agreement regarding confidential information will continue after the termination of my employment/affiliation/observation with **Yankton County EMS**.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/affiliation/observation with **Yankton County EMS** and/or suspension, restriction or loss of privileges, in accordance with **Yankton County EMS** policies, as well as potential personal civil and criminal legal penalties.

I have read the above agreement and agree to comply with all its terms as a condition of continuing employment or affiliation.

Signature of employee/trainee/observer

Date

Print Name

YANKTON COUNTY EMS STUDENT / OBSERVER CHECKLIST

NAME: _____

DATE: ____/____/____

ORGANIZATION OR TRAINING PROGRAM AFFILIATION: _____

SUPERVISOR OR PROGRAM INSTRUCTOR / COORDINATOR: _____

	Description
	<i>ALL STUDENTS / OBSERVERS</i>
	HIPPA AND INFECTION CONTROL TRAINING (within past six months)
	COMPLETED <i>EMPLOYEE / TRAINEE CONFIDENTIALITY FORM</i>
	COMPLETED <i>WAIVER AND RELEASE OF LIABILITY FORM</i>
	<i>FIRST RESPONDER / EMT STUDENTS</i>
	PATIENT ASSESSMENT CHAPTER & SKILLS
	VITAL SIGNS CHAPTER & SKILLS
	<i>ADVANCED EMT / PARAMEDIC STUDENTS</i>
	IV / IO CHAPTER, SKILLS AND COMPETENCY
	ADVANCED AIRWAY CHAPTER, SKILLS AND COMPETENCY
	COPY OF SDBMOE STUDENT STATUS
	PROOF OF LIABILITY INSURANCE

Yankton County EMS is located at 805 Capitol Street in Yankton. See map on the next page.

- You should park in the parking lot on the west side of our facility, which is accessible from Douglas Avenue, just north of Eighth Street, next to the railroad tracks.
- If you arrive at 7:00 AM, you should approach the walk-in door on the west side of the ambulance garage and knock on the door. If there is no answer, you should call the office phone at (605) 668-9033 and let them know you are at the west garage door.
- Students / observers arriving after 8:00 AM can access the building by walking around to the front of the facility facing Capitol Street and enter through the front door.

MY SCHEDULED DATE: ____/____/____

SCHEDULED ARRIVAL TIME: _____

Student / Observer signature

Your signature confirms that you have completed all of the requirements of your training level on the checklist.

