

**DISTRICT OF COLUMBIA  
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT**

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**BULLETIN NO. 36**

**MARCH 2007 (Revised)**

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**RIDE-ALONG OPERATIONS ASSESSMENT PROGRAM (OAP)**

**PART A. MEDICAL ASSESSMENT**

**I. PURPOSE**

The purpose of this Bulletin is to describe the categories of individuals who are authorized to be present while Fire/EMS personnel are providing emergency medical care or treatment. Adherence to this policy is required to comply with the Health Insurance Portability and Accountability Act (HIPAA).

**II. SCOPE**

This order identifies those categories of individuals who are allowed to accompany agency pre-hospital care providers as they perform their duties. These personnel are permitted to be present in order to perform certain functions related to health care operations; medical care, treatment and payment; and other functions which do not require prior authorization under HIPAA. Only those categories of individuals designated by this order will be allowed to be present while Fire/EMS is providing medical care and treatment. This order applies to Fire/EMS personnel as well as non-Fire/EMS personnel.

**III. RECORDING DEVICES**

Recording devices, including cameras and tape records, may only be used, if approved by the Information and Privacy Office (OIP), and if their use is in compliance with District of Columbia laws and HIPAA.

**IV. INDIVIDUALS WHO ARE NOT AUTHORIZED TO BE PRESENT**

The following individuals, unless they otherwise fit into one of the categories listed in this order, are not authorized to be present during the provision of medical care or treatment:

- Members of the media;
- Elected officials, including all state, local and national officials;

- Members of the public;
- Visitors from other jurisdictions, including professionals from other Fire and EMS services; and
- Job applicants.

V. **AUTHORIZED INDIVIDUALS**

A. **Fire/EMS Personnel.** Employees of FEMS may participate, as needed, in the performance of their duties to carry out treatment, payment and health care operations. These duties include, but are not limited to, monitoring or testing the performance of new or old ambulance and medical equipment, formulating managerial decisions, assessing operations, providing medical care and treatment, providing legal representation, monitoring quality assurance, evaluating provider performance, certifying and recertifying personnel, and monitoring compliance with HIPAA and other applicable Federal and District of Columbia laws and regulations.

B. **Non-Fire/EMS Personnel.** The following information is illustrative in nature. A determination on whether these individuals will be permitted to be present during medical care and treatment will be determined by OIP on a case by case basis.

1. **Public Health Authorities**

A public health authority authorized by law to collect or receive protected health information for the purpose of preventing or controlling disease, injury or disability, including the reporting of vital events such as birth or death. Public health authority also includes an authority authorized to conduct public health surveillance, public health investigations, and public health interventions. This also includes any public health authority or other appropriate government agency that is authorized to receive reports of child abuse or neglect.

District of Columbia agencies which fall into this category include, but are not limited to:

The Department of Health  
Child Fatality Review Committee  
MRDDA Fatality Review Committee  
D.C. Medical Examiner  
Child and Family Services Agency  
Youth Services Rehabilitation Agency  
Department of Mental Health  
D.C. Superior Court, Family Court  
U.S. Attorney's Office  
Office of the D.C. Attorney General

Metropolitan Police Department  
D.C. Office of Risk Management

## 2. Health Oversight Agencies

Health oversight agencies are authorized by law to perform oversight activities, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; or civil, administrative or criminal proceedings or actions. Agencies which fall into this category include, but are not limited to:

The Office of the Inspector General  
Department of Health  
Metropolitan Police Department  
U.S. Attorney's Office  
Office of the D.C. Attorney General  
D.C. Office of Human Rights  
D.C. Auditor  
The Council of the District of Columbia in the course of an official  
Council investigation  
U.S. Congress in the course of an official Congressional investigation  
U.S. Department of Health and Human Services

## 3. Law Enforcement Agencies

Law enforcement personnel, such as members of the Metropolitan Police Department, U.S. Park Service, and other state and federal agencies, for the purpose of providing security for the transportation of defendants and offenders needing medical treatment, and other public safety related functions.

## 4. Medical Personnel

An attending primary care-giver, nurse, or physician of the transported patient may join the patient in the ambulance for the purposes of medical care or treatment.

Students enrolled in a program of training at an accredited educational institution to become Emergency Medical Technicians, paramedics, nurses, doctors or other medical professionals specializing in emergency medicine, provided that that the educational institution and Fire/EMS have jointly executed a Memorandum of Understanding (MOU) governing the students' participation.

## 5. Contractors and Vendors

Contractors and vendors may be present during medical care and treatment to the extent necessary to perform field tests; quality assurance; trouble shooting; and

repairs, replacement and maintenance of medical equipment, technological devices (including radios and computers) and vehicles.

6. **National Security and Intelligence**

An authorized federal official may be present for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act.

7. **Protective Services for the President and Others**

Federal officials who are engaged in the protection of the president, foreign heads of states, and others may be present.

8. **Family Members, Co-workers or Friends**

Family members, co-workers or friends of the patient may be present if:

1. The patient is conscious and does not object to the presence of the person when given the opportunity to do so; or
2. The patient is unconscious, and in the provider's professional medical judgment, the provider believes the patient would not reasonably object.

9. **Research.**

Research means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to general knowledge. The researcher is required to meet HIPAA requirements pertaining to research.

VI. **PROCEDURAL GUIDELINES**

1. Persons desiring to accompany Fire/EMS medical care providers shall complete FEMS Form 157.1 *OAP Application Form*, describing in detail the purpose of the request, and attach a copy of photo identification, proof of medical training student; proof of employment, or other relevant information. All documentation shall be forwarded to the Office of Information and Privacy (OIP) for appropriate action.

2. The OIP shall maintain a record of all requests to participate for review and evaluation, that shall include the:

- Participant's name
- Battalion assigned
- Time the ride is approved
- Date the request is approved or disapproved

- Date the individual completed participation
  - Reason for participation
3. The OIP will review the request to determine whether the person's request fits within HIPAA guidelines. If necessary, OIP may ask for additional information. The OIP will forward the request to the Assistant Fire Chief of Operations for final decision.
  4. The Assistant Fire Chief of Operations shall review all documentation and notify the individual that the request has been approved or disapproved. If the request has been approved, the Assistant Fire Chief of Operations shall coordinate with OIP to handle all logistical arrangements, including signing a liability/privacy waiver.
  5. Operators of response vehicles shall advise the participant that participation is limited to a 24-hour period. Participation beyond the 24-hour period shall require a new request.

Operators shall:

- (a) Review the application for content and official signature(s) to ensure the request is within department guidelines; and, ensure that a Liability/Privacy Waiver is signed. A copy of these forms shall be maintained at the company level.
- (b) Revoke a participant's authorization if it becomes apparent to the member that the participant's conduct is not in the best interest of the department.
- (c) Ensure that participants wear presentable casual clothing.
- (d) Introduce participant to the crewmembers.
- (e) Advise participant of any restrictions.
- (f) Terminate the OAP at any time due to the operational demands of the department

## **PART B. FIREGROUND OPERATIONS ASSESSMENT**

### **I. PURPOSE**

To establish a uniform procedure to be followed by persons wishing to be ride-along observers with operational fire units of the D.C. Fire/EMS Department. Adherence to this policy will ensure the safety of all personnel and the public and is the shared responsibility of the Incident Commander, the unit officer-in-charge (OIC), and the participant.

## II. SCOPE

This procedure covers all aspects of the ride-along observer process. The process identifies responsibilities for the release preparation and defines the role of the observer.

## III. PROCEDURAL GUIDELINES

Persons who are not members of the D.C. Fire/EMS Department may only ride along in an observer capacity. This provision specifically includes members of other fire/rescue departments outside of the District of Columbia.

To participate, they must:

- A. Be 18 years of age or older.
- B. Must visit the Office of Information and Privacy (OIP) to complete FEMS Form 157.1, *OAP Application Form*, and sign a Form 157, *Liability/Privacy Waiver*, form prior to participation. Participants must present a copy of this form to the commanding officer the day of the ride-along, a copy shall remain at the fire station, and the original shall remain in OIP.

During non-business hours and weekends, the application form and waiver can be filled out and signed at the Office of the Deputy Fire Chief. A copy of these forms shall be submitted to OIP within 48 hours after the individual has either participated or failed to appear.

- C. Be of sound physical and mental condition; possessing no physical or other conditions which will interfere with or limit participation.
- D. Participants are not to engage in actual fire fighting or rescue operations and shall not count toward minimum staffing.
- E. No more than two (2) observers per station may participate in the Ride-Along OAP; and, only (1) observer may ride on a single piece of apparatus at a time.
- F. Participants are to remain seated and belted when riding fire apparatus and observe all applicable safety rules.
- G. Participants must:

- (a) Not wear or have access to any complete uniform, official uniform shirt with patch, or PPE that might create the mistaken impression that he or she is an employee.
  - (b) Stay either on the apparatus or within sight of the apparatus and the technician.
  - (c) Not enter a “hot zone” at any time.
  - (d) Only enter incident area after overhauling has been completed and must be accompanied by the OIC or a member of the company.
  - (e) Remain in the station, if safety and security issues are present.
  - (f) At all times, be under the control of the OIC. Failure to follow the directions of the OIC will result in removal of the privilege to participate as an observer.
- H. Requests for special exceptions to this directive must be made in writing to the D.C. Fire/EMS Chief.

#### IV. PRIOR APPROVAL

Prior approval to participate in the Ride-Along OAP will be cancelled without notice in the event the alert level is elevated to Code Orange or above.

**In situations where the approval process as set forth in this order is not practicable, such as those involving the necessity for a police presence or a request by a family member or friend to accompany the patient, providers are authorized to make their best judgment on the scene.**

**The revisions to this directive are effective immediately.**