

DEPARTMENT OF FIRE AND RESCUE SERVICES



GENERAL ORDER

100.10



Originating From	Issue Date	Revision Date	Attachments
<b>Administration</b>	<b>06/30/1995</b>	<b>N/A</b>	<b>A-F</b>

**SUBJECT: Ride-Along Program**

**APPLICABILITY: All Personnel**

**POLICY:**

The DFRS shall maintain a policy that encourages non-Departmental members to ride County owned vehicles as observers. This program shall serve to strengthen community relations and to improve public knowledge and education of the Fire Service. Approval of ride-along participants shall be based on the criteria outlined in the following procedure, and shall be at the discretion of Fire Chief or his designee. Out of County persons requesting to ride as part of a preceptor program should refer to **DFRS's Policy regarding "Accountability/Mayday/RIC."**

1 GENERAL

- 1.1 Requests for ride-along program shall be directed to the shift Battalion Chief.
- 1.2 Ride-along request waiver forms shall be approved or denied by the shift Battalion Chief.
- 1.3 Waiver forms, whether approved or denied, shall be kept on file in the Battalion Chief office for a period of one year.
- 1.4 The Battalion Chief shall give reasonable notice to the station officer that a ride-along will be in the station to ride, the duration of the stay, and any special information (Govt official, member of the press, etc.) that may be pertinent. An approved ride-along may be cancelled or rescheduled due to operational activities that would be adversely affect intent of the ride-along program.
- 1.5 The station officer or their designee shall conduct a brief interview with the ride-along which should cover: introductions, unit designations, basic daily activities, alerting procedure, riding position(seated and belted), where the person should position themselves at an emergency scene, and any other information which would be pertinent to the safety of the ride-along or enhance their experience.
- 1.6 All personnel shall treat ride-along participants with respect and consideration, and shall conduct themselves in a professional and courteous manner.

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### 2 PERSONS RIDING AS OBSERVERS

- 2.1 Guidelines for ride-along participants (Attachment A) shall be kept on file in each station and shall be given to citizens who inquire about the program.
- 2.2 Ride-along candidates shall be provided with an application and waiver form. (Attachments B & C) These forms should be completed and returned to the appropriate Battalion Chief for processing.
- 2.3 Completed applications and waivers must be received seven days prior to the requested ride-along date to allow for processing and proper notification.
- 2.4 Requests to ride shall be a maximum 24 hour period.
  - 2.4.1 The Battalion Chief shall instruct persons requesting a 24 hour period on the appropriate dress and procedures associated with spending the night in the fire station.
  - 2.4.2 Persons under eighteen years of age may participate between 0700 hours and 2130 hours and are not permitted to spend a 24 hour tour in the fire station.
- 2.5 Persons requesting to ride must be sixteen years of age or older. Persons under age eighteen must have parent or legal guardian signature on waiver and application.
  - 2.5.1 Special arrangements may be made for family members of DFRS personnel who are under age sixteen. Approval shall be at the discretion of the Fire Chief on an individual basis.
- 2.6 Upon approval, a permit (Attachment D) will be mailed to the ride-along or may be picked up at the station. This permit shall be presented to the station officer when the participant comes in to ride.
- 2.7 Participants shall be appropriately attired. Clothing should present a neat appearance and allow for active mobility. Persons not properly dressed shall not be permitted to ride.
- 2.8 Persons riding on emergency apparatus shall be required to wear a reflective vest with " FIRE DEPT. OBSERVER" printed across the back.
- 2.9 Participants are strictly observers and shall have no involvement in DFRS operations, to include patient care, fire-ground operations, and rescue procedures.

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- 2.10 Participants shall not interfere with the DFRS handling of a situation. Ride-alongs shall follow instructions of the station officer or senior person of the assigned piece of apparatus.
- 2.11 Participants shall be asked to complete a short evaluation about the ride-along program upon completion of their stay.

### 3 PERSONS REQUESTING TO RIDE WITH OPERATIONAL STATUS

- 3.1 For the purposes of this Policy, operational status shall be defined as: any non-DFRS personnel, who with proper approval, actively participates in the daily or emergency operations of the Department, to include any form of patient care, fire-ground activities, training or work related activities. Participants are typically from other jurisdictions and possess required training.
- 3.2 Candidates shall be provided with an application (Attachment E) and waiver form (Attachment F). These forms should be completed and returned to the appropriate Battalion Chief for processing.
- 3.3 Applicants must provide proof of Workers Compensation coverage. Howard County accepts no liability for Workers Compensation claims for injuries/illnesses sustained while riding or operating within the DFRS.
- 3.4 Completed applications and waivers must be received seven days prior to the requested ride-along date to allow for processing and proper notification.
- 3.5 Requests to ride shall be a minimum eight hour and a maximum 48 hour period. A total of 48 hours per month shall be the maximum allowed.
- 3.6 Persons requesting to ride in an operational status must meet the following criteria.
  - 3.6.1 Must be at least 18 years of age.
  - 3.6.2 Must possess as a minimum, current certification in; HazMat First Responder, Blood Borne Pathogens, Firefighter I (when applicable), and **EMT-B** (when applicable).
    - 3.6.2.1 Copies of certificates or cards indicating these certifications shall be attached to the application form.
    - 3.6.2.2 Course objectives may be required when training certification differs from local programs. The Training/EMS section shall review course objectives and issue in writing approval or disapproval of minimum qualifications for each candidate.

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- 3.7 Participants shall provide their own protective equipment which must be approved by the Battalion Chief. The DFRS may provide temporary PPE based on availability with Battalion Chief's approval.
  - 3.7.1 Minimum protective equipment must meet DFRS standard issue.
  - 3.7.2 Steel toe safety shoes are required and shall be provided by the participant.
  - 3.7.3 It is the intent of this policy that all participants wear a Fire Department uniform while operating with the DFRS. A uniform from their home jurisdiction shall be suitable with approval of the Battalion Chief. As minimum, a duty shirt provided by the DFRS (if available) shall serve as a temporary uniform.
- 3.8 All personnel operating with the DFRS shall abide by all policies, protocols, procedures, and rules and regulations pertaining to and adopted by the Department.
- 3.9 All persons participating with the DFRS shall follow all orders given by DFRS personnel.

Approved:

Joseph A. Herr  
Fire Chief



# Howard County Department of Fire and Rescue Services



## GUIDELINES FOR RIDE-ALONG PARTICIPANTS

The Howard County Department of Fire and Rescue Services (DFRS) is pleased when citizens of our community express interest in the Fire and Rescue Service and our ride-along program.

In order to facilitate this program, the guidelines listed below have been established. Please review them carefully, as they all are very important.

The DFRS utilizes a three platoon system (A, B, and C) comprised of 24 hour shifts. Shifts begin at 7:00 a.m. and end at 7:00 a.m. the next day. As a participant you may request the day, the time of day, and the shift when you wish to participate. You may request to ride for a portion of the shift or for a complete 24 hour tour of duty.

Participants must be at least sixteen years of age. Persons under age eighteen must have parent or legal guardian signature on the waiver and application, and are restricted from spending 24 hours in the fire station. Persons under age 18 may participate only between 7:00 a.m. and 9:30 p.m.

The attached waiver form and application must be completed and returned to:  
Fire Station 9  
5950 Tamar Drive  
Columbia, MD 21045

Applications and waiver forms must be received at least seven days prior to the requested ride along date to allow time for processing. If you have any questions, please call 410-313-7309 and ask for the station officer.

Upon approval, a ride-along permit will be mailed to you, or you may pick up the permit at Fire Station 9. Bring the permit with you when you report to the designated fire station to ride, and present it to the station officer.

Participants must be appropriately attired. Clothing should present a neat appearance and allow for active mobility. Persons not appropriately dressed shall not be permitted to ride.

Participants will be given a fluorescent safety vest marked "OBSERVER" to wear during emergency incidents.

Safety belts must be worn at all times when riding in any County vehicle.

Ride-along participants are not permitted to actively participate in any operational functions of the DFRS (ie. patient care, fire-ground activities, vehicle rescue). Participants may occasionally be requested to stay in the vehicle for their personal safety. Participants will not be permitted interfere in any way with the department's handling of a situation. You may ask questions concerning a specific assignment after it has been completed and you have left the scene. Ride-along participants must follow instructions of the station officer at all times. Tape recorders are not permitted in the emergency vehicle. Cameras may only be used at the discretion of the Battalion Chief.

We hope you will enjoy your ride-along experience. You will be asked to complete a short evaluation of the program after your participation.



# Howard County Department of Fire and Rescue Services



## RIDE-ALONG APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

AGE: \_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ OCCUPATION: \_\_\_\_\_

NAME OF EMPLOYER OR SCHOOL: \_\_\_\_\_

HOME PHONE: \_(\_\_\_\_)\_\_\_\_\_ WORK PHONE: \_(\_\_\_\_)\_\_\_\_\_

ARE YOU CURRENTLY UNDER DOCTOR'S CARE? yes no

ARE YOU CURRENTLY TAKING PRESCRIPTION MEDICATIONS? yes no

HOW DID YOU HEAR ABOUT THE RIDE-ALONG PROGRAM? \_\_\_\_\_

WHY ARE YOU INTERESTED IN PARTICIPATING IN THE RIDE-ALONG PROGRAM?

REQUESTED DATE and TIME OF RIDE-ALONG: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date) (time frame)

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(parent or legal guardian if applicant is under age eighteen)

\*\*\*\*\*  
\*\* DEPARTMENTAL USE \*\*

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY WHOM: \_\_\_\_\_

ACTION: \_\_\_\_\_



# Howard County Department of Fire and Rescue Services



## RIDE-ALONG WAIVER

In consideration of the Howard County Department of Fire and Rescue Services granting permission to enter in or upon any premises or vehicles which are under its actual or constructive possession or control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of Howard County, Maryland, its officers, agents and employees. I recognize that entry into and upon premises and vehicles associated with fire suppression and emergency medical services involve numerous risks to my person and property, and that it is impractical and impossible to identify each risk with specificity. I assume the risk of all dangerous conditions in, upon or about the premises or vehicles and waive all notice of the existence of such conditions.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signed: \_\_\_\_\_

Witnessed: \_\_\_\_\_

I consent to participation in  
the ride-along program:

\_\_\_\_\_  
(signature of parent or legal guardian if  
applicant is under 18 years of age)

\*\*\*\*\*  
**\*\*DEPARTMENTAL USE\*\***  
\*\*\*\*\*

Received: \_\_\_\_\_  
(Battalion Chief Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*[A copy of applicant's drivers license, or other, shall be attached to this waiver to verify proof of age. If applicant is under age 18, a copy of license of parent or legal guardian is required. ]*



# Howard County Department of Fire and Rescue Services



## RIDE-ALONG PERMIT

\_\_\_\_\_ HAS BEEN APPROVED TO PARTICIPATE IN THE HOWARD COUNTY DEPARTMENT OF FIRE AND RESCUE SERVICES RIDE-ALONG PROGRAM, ON \_\_\_\_\_, FROM \_\_\_\_\_ HOURS TO \_\_\_\_\_ HOURS.

THE PARTICIPANT HAS REQUESTED TO RIDE \_\_\_ FIRE APPARATUS, \_\_\_ AMBULANCE, \_\_\_ CHASE VEHICLE, \_\_\_ STAFF VEHICLE.

PARTICIPANT WILL BE RIDING AT STATION \_\_\_\_\_ .

APPROVED: \_\_\_\_\_  
BATTALION CHIEF

CONCURRENCE: \_\_\_\_\_  
STATION OFFICER

This permit shall be kept on file with the applicant's waiver and application for 3 years.





# Howard County Department of Fire and Rescue Services



## OPERATIONAL PARTICIPATION APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ OCCUPATION: \_\_\_\_\_

NAME OF EMPLOYER OR SCHOOL: \_\_\_\_\_

HOME PHONE: \_(\_\_\_\_)\_\_\_\_\_ WORK PHONE: \_(\_\_\_\_)\_\_\_\_\_

ARE YOU CURRENTLY UNDER DOCTOR'S CARE?    yes    no

ARE YOU CURRENTLY TAKING PRESCRIPTION MEDICATIONS?    yes    no

FIRE/RESCUE/EMS TRAINING: (LIST YEAR TRAINING WAS RECEIVED AND EXPIRATION DATES IF APPLICABLE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Copies of certifications must accompany application*

REQUESTED DATE(S) and TIME(S) TO RIDE : \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

**\*\* DEPARTMENTAL USE \*\***

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY WHOM: \_\_\_\_\_

ACTION: \_\_\_\_\_



# Howard County Department of Fire and Rescue Services



## OPERATIONAL WAIVER

In consideration of the Howard County Department of Fire and Rescue Services granting permission to enter in or upon any premises or vehicles which are under its actual or constructive possession or control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of Howard County, Maryland, its officers, agents and employees. I recognize that entry into and upon the premises and vehicles associated with fire suppression and emergency medical services, and participating in the mitigation of fire, rescue, and EMS emergencies involves numerous risks to my person and property, and that it is impractical and impossible to identify each risk with specificity. I assume the risk of all dangerous conditions in, upon or about the premises or vehicles and waive all notice of the existence of such conditions.

I have provided the Howard County Department of Fire & Rescue Services with written proof of Workers Compensation coverage, and understand that Howard County accepts no liability for Workers Compensation claims for injuries/illnesses sustained while riding or operating with the DFRS.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signed: \_\_\_\_\_ Witnessed: \_\_\_\_\_

\*\*\*\*\*  
**\*\*DEPARTMENTAL USE\*\***

Received: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Battalion Chief Signature)

*[A copy of applicant's drivers license and proof of Workers Comp coverage shall be attached to this waiver. ]*