



WILLARD FIRE & RESCUE

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Willard, OH 44890

419-935-8297 Phone
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Hello,

My name is John Weiss and I am the EMS Coordinator and Compliance & HIPAA Officer for Willard Fire & Rescue. I would like to thank you for choosing our department as a clinical training site or as an observer for a ride-a-long. Our goal is to make the observer or student's Fire and/or EMS clinical experience as productive and enjoyable as possible. We felt that your students should be prepared for their clinical rotation with us so they can concentrate on getting the most from their time with our preceptors and we have developed this packet to help answer questions you or your students may have.

We ask that each student in your program receive a copy of the packet and fill out each form. The student needs to bring the completed forms to the station on the first day of clinical and we will keep these forms on file for the duration of the program they are enrolled. You may keep a copy of the student's forms for your records as well.

The packet includes:

- **Release & Waiver of Liability Agreement**
- **Student Confidentiality & Non-Disclosure Agreement**
- **Personal Emergency Information Form**
- **Uniform Policy**
- **Personal Protection Equipment Requirements**
- **Compliance & Responsibilities of the Observer**
- **Smoking & Tobacco Use Policy**

Please feel free to contact me if you have any questions or concerns.

Sincerely,

John Weiss, FF/EMT-P, EMSI, FI, FSI

Captain / EMS Coordinator

Compliance & HIPAA Officer

JWeiss@WillardOhio.us



WILLARD FIRE & RESCUE

FIRE & EMS STUDENT or OBSERVER PERSONAL EMERGENCY INFORMATION FORM

PERSONAL DEMOGRAPHIC INFORMATION

Last:	First:	Middle:
Address:	City:	State: Zip:
Date Of Birth:	Age:	Home Phone: Cell Phone:

PERSONAL MEDICAL INFORMATION

Facts concerning the student's or observer's medical history to which a physician or emergency medical personnel should be alerted:

Allergies:

Medications:

Past Medical Conditions:

Family / Primary Physician:	Dentist:
Family / Primary Physician Phone:	Dentist Phone:

In the event the student or observer is having a medical emergency, injured, unresponsive, etc., or reasonable attempts to contact an emergency contact have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician at the emergency department or dentist; and (2) the transfer/transport to the nearest hospital reasonably accessible or specialty hospital that specializes in cardiology, stroke, trauma, etc.

Student/Observer Name:	Parent/Guardian Name:
Student/Observer Signature:	Parent/Guardian Signature:

EMERGENCY CONTACT 1

Please identify family members you would like the department to contact. Please list them in order for contact. NOTE: If the contact is a minor child, please indicate the name of the adult contact.

Last:	First:	Relationship:
Address:	City:	State: Zip:
Home Phone:	Cell Phone:	
Employer:		
Work Phone:		
Special Circumstances (age, health, etc.) or instructions:		

EMERGENCY CONTACT 2 (OPTIONAL)

Please identify family members you would like the department to contact. Please list them in order for contact. NOTE: If the contact is a minor child, please indicate the name of the adult contact.

Last:	First:	Relationship:
Address:	City:	State: Zip:
Home Phone:	Cell Phone:	
Employer:		
Work Phone:		
Special Circumstances (age, health, etc.) or instructions:		



WILLARD FIRE & RESCUE

Student & Observer Uniform and Personal Protective Equipment

Personal Appearance Policy:

All students shall present a professional image to the community. Consistent with this policy, all students must be appropriately attired and well groomed.

Hair:

All students shall maintain their hair in a neat, clean, and well-groomed manner at all times. Hair shall not interfere with the proper wearing of Personal Protective Equipment or with the performance of their duties. Hair may not cover the front of the face below the eyebrows, nor otherwise obscure the face. Long hair must be properly secured so it will not present a safety hazard to the student.

Jewelry and Cosmetics:

Jewelry shall not be affixed to uniform or Personal Protective Equipment of any student. Any jewelry that presents a safety hazard or interferes with job performance is not allowed. One watch, two rings, and medical alert bracelets are allowed. If worn, necklaces shall not be visible on students. When in uniform, any other ornamentation, including but not limited to, hair devices (i.e. pins, combs, barrettes and bands) shall be navy blue, brown, black, gold or silver colored. No bows, beaded decorations, or other decorative items may be worn. When worn, cosmetics shall be in moderation.

Eyewear:

Mirrored or iridescent eyeglasses, including sunglasses, are not allowed for students. Eyeglass cords and chains must be navy blue, black, brown, silver or gold. Students must have available safety glasses to help protect against body fluids such as blood, vomitus, etc.

Personal Protective Equipment (PPE):

- **Purpose:** To establish a universal guideline for the use of PPE to reduce the risk of exposure to airborne and/or bloodborne pathogens
- **Scope:** This guideline shall apply to all students. It shall be the responsibility of each individual to review and follow this guideline.
- **General:** It is the responsibility of each student to support the health and safety mission of the Willard Fire Department by promoting the use of PPE appropriate for the risk anticipated. These personal protective measures shall include, but not be limited to, seatbelts, reflective vests, glasses, goggles and water rescue equipment.

Traffic Safety:

Students working on or adjacent to the roadway shall wear approved reflective garments (Each student will be issued a set of safety glasses and a reflective vest at the start of their clinical shift)

Body Substance Isolation:

Body Substance Isolation (BSI) shall be worn by all students appropriate to the risk or potential risk encountered. These isolation measures shall include, but not limited to, glasses, gloves, gowns, shields or gauntlets. Minimum levels of BSI shall be safety glasses and exam gloves. Additional measures shall be donned appropriate to the risk as directed by the lead medic, safety officer, or on-scene commander.



WILLARD FIRE & RESCUE

Compliance & Responsibilities of the Observer

Compliance with Lawful Orders

A student or observer must always obey lawful orders given by Willard Fire Department officers, preceptors or their designees.

A student or observer who receives conflicting lawful orders from an officer, preceptor or their designees shall notify the person of the conflict and request clarification of the orders. If the student or observer still does not understand the order or feels that the order creates a safety issue, then the student or observer should contact the on-duty shift commander for clarification.

If a procedure or task is perceived to be unreasonably dangerous, the student or observer shall point out the safety concerns to the officer, preceptor or their designee and ask for clarification. If the procedure or task is not in violation of Willard Fire Department operation procedures or the student's scope of practice and is compliant with Safety training, the student or observer should carry out the procedure immediately.

Responsibilities of Students or Observer

- It shall be the duty of every student or observer to operate safely and use good judgment. Be careful of Department equipment and property.
- It shall be the duty of every student or observer to acquaint themselves with all matters contained in these rules and regulations in any manner relating to their duties, and conform thereto.
- These regulations are not intended to cover every case which may arise in the discharge of their duties. Where no rule applies the use of intelligence and discretion by the student or observer, will apply, in discharging his/her duties.
- In matters of general conduct not within the scope of department rules, student or observer shall be governed by the ordinary rules of good behavior observed by law-abiding citizens
- Courtesy and civility to the public are demanded of all students or observers, and any conduct to the contrary will not be tolerated. Students or observers in their conduct shall be quiet, civil and orderly, and shall at all times be attentive and zealous in the discharge of their duties, controlling their tempers and exercising the utmost patience and discretion. They must at all time refrain from using coarse, violent, profane or insolent language, but when required, must act with firmness and sufficient energy to perform their duties. They shall be civil and respectful towards each other.
- Students or observers shall conform to and promptly obey all laws, ordinances, rules and regulations, and orders, whether general, special or verbal when emanating from due authority. They shall be on time, and obedience shall be prompt.
- Students or observers shall not harass anyone because of their age, sex, marital status, sexual orientation, race, religion, color, creed, national origin, political affiliation and involvement or noninvolvement in the Union, to the extent required by applicable Federal and State statute and regulation, either by the use of derogatory verbal or written comments, graphic materials, gestures, or conduct which would interfere with the performance of their duties.
 - "Sexual orientation" means having a preference for heterosexuality, homosexuality, bisexuality, having a history of such a preference, or being identified with such a preference.
- The display of sexually oriented material is considered "patently offensive conduct" and is prohibited. If you see it, and think it could be offensive, it probably is offensive to someone.



WILLARD FIRE & RESCUE

Student & Observer Smoking & Tobacco Use Policy

No Smoking & Tobacco Policy

The City of Willard Strives to provide and promote a safe and healthy environment for employees and the public. Recognizing the health hazards associated with smoking tobacco products, and in accordance with Chapter 3794 of the Ohio Revised Code, the City shall prohibit smoking in the following:

1. Any City building or structure;
2. Any enclosed areas (An enclosed area means an area with a roof or overhead covering of any kind and walls or side coverings of any kind, regardless of the presence of opening for ingress and egress, on all sides or on all sides but one.);
3. Any areas immediately adjacent to entrances and exits to any City building or structure;
4. Any City vehicle; or
5. While at work on any City job site.

Smoking or tobacco use **is only** permitted in a designated area outside of the fire department at the back of the building behind the fence area. Please ask fire department personnel if you are unclear of the location.

This policy includes, but is not limited to: cigarettes, clove cigarettes, e-cigarettes (electronic cigarettes), cigars, pipe, snuff, chewing tobacco and any other substances that contain tobacco or synthetic tobacco product.



WILLARD FIRE & RESCUE

Student & Observer Agreement & Signature Form

As a student or observer, I have completed the Willard Fire Department Clinical Packet. I have read and understand the agreements, forms, policies, etc. in the clinical packet.

The student and observer packet includes the following pages and forms:

- **Release & Waiver of Liability Agreement** (page 2)
- **Student Confidentiality & Non-Disclosure Agreement** (page 3)
- **Personal Emergency Information Form** (page 4)
- **Uniform Policy** (page 5)
- **Personal Protection Equipment Requirements** (page 5)
- **Compliance & Responsibilities of the Observer** (page 6)
- **Smoking & Tobacco Use Policy** (page 7)

By my signature, I acknowledge I have read and understand the Release & Waiver of Liability Agreement, Student Confidentiality & Non-Disclosure Agreement, Personal Emergency Information Form, Uniform Policy, Personal Protection Equipment Requirements, Compliance & Responsibilities of the Observer, and Smoking & Tobacco Use Policy. I understand that if I do not follow these agreements, policies and requirements that I may be dismissed or removed from the clinical site.

Student / Observer Name (Print Name) Date

Willard Fire Department Witness (Print Name) Date

Student / Observer Signature

Willard Fire Department Signature

Parent / Guardian Name (Print Name) Date

Parent / Guardian Signature (If under age 18 or in school)

Form 7: Guest/Trainee Confidentiality and Non-Disclosure Agreement

**WILLARD FIRE & RESCUE
Guest/Trainee Confidentiality
and Non-Disclosure Agreement**

I Insert Guest/Trainee Name acknowledge that patients provide and WILLARD FIRE & RESCUE collects personal, confidential information verbally, in writing, and through digital means. I understand and agree that any information pertaining to patients is strictly confidential and protected by federal and state laws and that I will not use or disclose patient information in any way, unless WILLARD FIRE & RESCUE authorizes me to do so.

I agree that I will comply with all HIPAA policies and procedures in place at WILLARD FIRE & RESCUE during my experience as a guest/trainee with WILLARD FIRE & RESCUE. If at any time I knowingly or inadvertently breach patient confidentiality or violate the HIPAA policies and procedures of WILLARD FIRE & RESCUE, I agree to notify WILLARD FIRE & RESCUE immediately.

I also understand that I may be exposed to other confidential or proprietary information of WILLARD FIRE & RESCUE and I agree not to reveal any of that information to anyone at any time, unless I am authorized by WILLARD FIRE & RESCUE to do so. This means that I will not disclose information about WILLARD FIRE & RESCUE's business practices or other information that WILLARD FIRE & RESCUE might consider to be confidential or proprietary.

Failure to uphold these obligations may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of WILLARD FIRE & RESCUE. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient information or confidential or proprietary information in my possession. I understand that any patient or confidential information that I see or hear while a guest/trainee will stay here at WILLARD FIRE & RESCUE when I leave.

I have been given an overview of WILLARD FIRE & RESCUE's HIPAA policies and procedures and have been given access to review those policies and I agree to abide by them.

Signature: _____ **Date:** _____

Name: _____