



GUAM FIRE DEPARTMENT

DIPATTAMENTON GUAFI GUAHAN

*Professionalism * Respect * Integrity * Dedication * Empathy*



RIDE ALONG PERSONNEL PROGRAM (RAP) GUIDELINES

1. POLICY

- a. Authorized RAP are limited to members of the Guam Fire Department who are attending the GFD/Guam Community College (GCC) Fire Academy and are currently enrolled in the Emergency Medical Technician-Basic course, students attending the GCC Emergency Medical Technician-Basic course, and firefighters of the Navy Federal Fire Department or the Guam International Airport Authority's Aircraft Rescue Firefighting (ARFF)
- b. The Fire Chief may approve special requests for RAP, which does not meet any of the listed criteria.

2. GENERAL RULES

- a. The RAP must be eighteen (18) years of age or older.
- b. RAP may function in the capacity of taking vital signs, assisting in carrying equipment and supplies, and loading and unloading patients. They are prohibited in administering patient treatment, participating in fire ground operations, and operating emergency vehicles.
- c. RAP must be properly trained in taking vital signs and in methods of properly lifting patients or equipment prior to participating in the Ride Along Personnel Program.
- d. **Dress Code:**
 - i. Participants must be neatly dressed and groomed. RAP's are expected to act and dress in a manner that reflects a positive image on the Fire Department.
 - ii. They may wear dark jeans or slacks and a plain white or light blue, collared shirt with sleeves. T-shirts or shirts with bold or distracting logos or print are not authorized. Clothing is to be maintained in a clean laundered condition.
 - iii. Safety shoes are preferred for their protection but not mandatory. Other shoes are allowed if they are closed toed and in clean condition.
 - iv. Members of other on island fire departments may wear their uniforms with prior approval.
 - v. Personal hygiene shall be maintained. Use of heavy fragrance perfumes and/or aftershaves shall not be allowed to cover up bad hygiene habits.
 - vi. Long hair shall not dangle down to create a safety hazard or interfere with patient care.
- e. **Safety:**
 - i. When riding in the assigned unit, the wearing of the vehicle seat belts is mandatory.
 - ii. Tobacco usage is not permitted while riding in any Government of Guam vehicle.

- iii. If a medic unit responds to a fire, the RAP must either stay with the unit or report to the Chief Officer. RAP are not to engage in any firefighting activities.

f. Injuries:

- i. If the RAP is injured, notify the Station Officer and supervising medic as soon as possible. They will ensure proper medical attention is provided (if required).
- ii. A written injury report will be submitted to the Officer. If the RAP is terminating his/her scheduled ride as a result of the injury, then the injury report will be completed before leaving the station. If the ride-along cannot complete the report, the supervising medic or escort will be responsible for its completion.
- iii. Exposure reporting of RAP will follow Department Infection Control Procedures. All documentation of injuries or exposures will be forwarded to the Department Safety Officer.

3. PROCEDURE

- a. A written application for RAP must be completed and submitted to the Guam Fire Department. All accompanying document must also be completed and submitted with the application.
- b. Prospective RAP are subject to a criminal records background check. Individuals are required to submit a police clearance and a court clearance background check. RAP must complete and sign a Guam Fire Department "Release of Information Authorization" allowing such background check in other jurisdictions. Criminal history such as issues dealing with moral turpitude, theft, drugs, or felony crimes will disqualify a candidate as a RAP.
- c. All participants must complete a Liability Release Form before taking part in the program.
- d. Riding assignments shall be left to the discretion of the Officer-In-Charge on whose shift the participant plans to ride.
- e. The Officer-In-Charge shall assign an escort for the participant in the ride-along program for each tour of duty.
- f. Escorts would be responsible to show the participants around the station and explain to them the basic rules and regulations of the department.
- g. Escorts shall show the participants to their assigned place to ride and explain to them the procedure to follow during an alarm.
- h. Participants who are not members of a fire service organization shall apply 2 weeks in advance for the approval of the Fire Chief.
- i. On the fire ground, these participants shall remain with the piece of apparatus to which they are assigned. In this situation, the Driver / Operator of the vehicle shall act as the escort.
- j. All participants in this program shall follow the rules and regulations as established by the Fire Chief.



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RIDE ALONG PERSONNEL (RAP) PROGRAM APPLICATION
(GFD-RAP1)

NAME			
DOB		AGE	DRIVER'S LIC. #
ADDRESS			
PHONE (H)		PHONE (M)	
EMERGENCY CONTACT		PHONE	
ADDRESS			
1. Are you currently under doctor's care? If so, for what reason?			<input type="checkbox"/> Y <input type="checkbox"/> N
2. Are currently taking any medications? If so, for what?			<input type="checkbox"/> Y <input type="checkbox"/> N
3. Do you have any disability which would affect your participation in this program? If so? List:			<input type="checkbox"/> Y <input type="checkbox"/> N
1. Have you been convicted of a crime? If so, for what? List crime and year:			<input type="checkbox"/> Y <input type="checkbox"/> N
5. State the reason you wish to participate in this program:			
Date and time for participation in the program: From ___ to ___ hrs to, ___ hrs.			
APPROVED: <input type="checkbox"/> Y <input type="checkbox"/> N			
Signature of Applicant	Date	Fire Chief	Date



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**RELEASE OF INFORMATION AUTHORIZATION
(GFD-RAP2)**

Criminal Records Waiver – Ride Along Personnel (RAP) Program

As an applicant to ride-along with the Guam Fire Department, I am required to furnish information for use in determining my suitability to qualify as a candidate for a ride-along on emergency vehicles. I, therefore, authorize the Guam Fire Department to investigate my background generally. Further, I hereby direct any person or law enforcement agency to release such information to the Guam Fire Department. I understand that this information will include any records or information pertaining to criminal investigations or other confidential materials.

I release all parties connected with any request for information from the Guam Fire Department from all claims, liability and damages for any reason arising from the furnishing of criminal background information.

Signed: _____

Print: _____

Social Security #: _____

Driver's License Number / State _____

Date of Birth _____ Sex _____

FOR OFFICIAL USE

Comments from Internal Affairs Section.

Criminal History: Y N



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HEPATITIS AND TUBERCULOSIS DECLARATION (GFD-RAP3)

I understand that due to my possible exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) or tuberculosis infection. I understand I can receive the Hepatitis B Vaccine at my expense, prior to riding with the Guam Fire Department personnel.

However, I decline Hepatitis B vaccination at this time; I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I am also declaring that I do not have any potentially infectious disease which may be transmitted by contact or being in close proximity with patients or other fire department personnel.

Applicant Signature

Date

Print Name

Driver's License

Witness Signature

Date

Print Name



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**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE,
 WAIVER AND RELEASE OF CLAIMS AND INDEMNITY
 AGREEMENT
 (GFD-RAP4)**

Whereas I, _____, being over the age of eighteen and not being a member of the Guam Fire Department, have made a voluntary request to ride as a guest in a vehicle assigned to the Guam Fire Department and to accompany a member or members of the Fire Suppression/EMS Bureau during the performance of their official duties in or outside departmental facilities and whereas, the Guam Fire Department is willing to allow me to ride as a guest in or on a vehicle assigned to that bureau; to accompany a member or members of the bureau during the performance of their duties in or outside department facilities on the condition herein stated.

1. That I am aware that the work of the Guam Fire Department is inherently dangerous and that I may be subjected to the risk of death, personal injury or damage to my property by accompanying a member or members of the department during the performance of their official duties and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury, property damage or any other risk which I may encounter connected with this activity while accompanying a member or members of the Guam Fire Department during the performance of their official duties.
2. That the Government of Guam, its administration, and all members of the Guam Fire Department and its sureties shall not be responsible or liable for any injury, damage, loss of expense whatsoever whether to me or my property, incurred while riding in or on any vehicle assigned to the Guam Fire Department or while accompanying any member or members of said bureau during the performance of their otherwise on the part of any member of said bureau, Guam Fire Department.
3. That I myself, my heirs, executor, administrator and assigns will defend and indemnify the Government of Guam, Fire Chief of the Guam Fire Department, Fire Suppression/EMS Bureau, all members of the Guam Fire Department, under said bureau, their sureties and each of them, against any and all manner of actions, cause of actions, suits, debts, claims, demands, damages or liability or expense of every kind and nature incurred or arising by reasons or actual or claimed negligent or wrongful act or omission of mine while riding in or any vehicle assigned to the Guam Fire Department, or while accompanying any member or members of said bureau in the performance of their duties in or outside departmental facilities.
4. The period covered in this agreement will be from _____ to _____ between the hours of 0800 hrs to 2000 hrs.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

 Signature

 Date



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CONFIDENTIALITY AGREEMENT (GFD-RAP5)

The federal Health Insurance Portability Accountability Act (HIPAA), establishes protection to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient.

- **Confidential Patient Care Information includes:** Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, (Note: this information is defined in the Privacy Rule as "protected health information.")

I understand and acknowledge that:

2. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care.
3. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
4. I understand that my obligation to safeguard patient confidentiality continues after my termination of the Ride Along Personnel (RAP) Program.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the Government of Guam and the Guam Fire Department may, as applicable and as it deems appropriate, pursue legal and criminal action up to and after my termination from the RAP Program

Dated: _____

Signature: _____

Print Name: _____