

**Catawba County Emergency Medical Services**

**STUDENT/OBSERVER POLICY FORM**

Public safety personnel, health care professionals, students or others approved by Catawba County Emergency Services (CCES) may, following arrangements with the appropriate division manager, observe and ride with CCES employees provided they understand and agree to the following:

1. Review all policies and procedures with Emergency Services Administration and sign all requisite forms before participating.
2. Observers are prohibited from participating in the treatment of any patient or other operational activities. Students may assist in treatment or other operational activities under the direct supervision of a CCES staff member.
3. Students / Observers shall follow the direction of their assigned CCES staff member at all times.
4. A patient has the right to object to any Student / Observer observing or participating in their treatment. Should this occur it is possible that a Student / Observer will be left behind and will be responsible for finding their own transportation.
5. Students / Observers are prohibited from interfering with CCES personnel at any time.
6. Weapons, controlled substances or alcoholic beverages are not permitted on CCES premises or vehicles at any time. Anyone believed to be under the influence of alcohol or controlled substances will not be allowed on CCES property.
7. Students must wear their school uniform. Observers will wear a white or light blue collared knit shirt and black or navy blue pants. Students / Observers must display proper identification at all times. Students / Observers must be prepared for inclement weather. CCES will not be responsible for any damaged belongings or lost articles.
8. Students / Observers will ride between the hours of 7:00 a.m. and 11:00 p.m. unless special approval is given by the ES Administration.
9. Riding with Emergency Services is a privilege, not a right, and may be revoked at any time, with or without cause.
10. Failure to agree to and comply with these rules will result in the Student / Observers' immediate termination from riding on a CCES vehicle or being on CCES property.

I, \_\_\_\_\_, have read, understand and agree to abide by all of the above rules and requirements.

	Date
Student / Observer	

	Date
CCEMS Employee	

This document approved to form:

	Date
Debra Bechtel, County Attorney	

**Catawba County Emergency Medical Services**

**CRIMINAL RECORDS CHECK POLICY FORM**

Students may ride with the CCES employees as part of an approved field internship program. These students must be enrolled in an approved program at an accredited teaching institution that has a current contract with Catawba County EMS (contract not required for non-EMS students). A person riding as part of a field internship program must have his or her teaching institutions written approval to participate in this program and must provide a certified Criminal Records Check to Emergency Services Administration when applying to ride.

- *A certified criminal record check must be submitted from the County where the student currently resides and for all Counties where the student has previously resided.*
- *The criminal record must be obtained and certified within 30 days of the request to ride.*

*No one with pending charges, with the exception of minor traffic infractions, will be permitted to ride.*

*The appropriate Division Manager has the authority to make exceptions when the type and remoteness (in time) of the conviction are such that it is, solely at the discretion of the appropriate Division Manager, permissible for the student to ride.*

*Some convictions will not automatically preclude a student from riding. However, any person who has been convicted of a misdemeanor must receive permission from the appropriate Division Manager prior to riding. The appropriate Division Manager has the sole authority and discretion to determine if a student convicted of a misdemeanor may ride.*

*Convictions not listed on the criminal record must be listed on this form:* \_\_\_\_\_

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\_\_\_\_\_  
Student / Observer Date

\_\_\_\_\_  
CCEMS Employee Date

This document approved to form:

\_\_\_\_\_  
Debra Bechtel, County Attorney Date

**Catawba County Emergency Medical Services**

**OBSERVATION AGREEMENT**

In consideration of Catawba County allowing the undersigned to ride as a Student / Observer with the Catawba County Emergency Services (CCES), I, the undersigned, on behalf of myself and any of my heirs do hereby agree, contract, and covenant that I will hold harmless and indemnify and release Catawba County, its elected officials, agents, successors, assigns, and employees, from any and all damage, injury, or liability arising from riding as a Student/Observer, despite and regardless of whether such injury or damage to myself arising out of my actions, omissions or mere presence or the actions, omissions or presence of any other person. I have read, understand, and will abide by this agreement.

\_\_\_\_\_  
Student / Observer

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCEMS Employee

\_\_\_\_\_  
Date

This document approved to form:

\_\_\_\_\_  
Debra Bechtel, County Attorney

\_\_\_\_\_  
Date

**Catawba County Emergency Medical Services**

**CONFIDENTIALITY AGREEMENT**

I understand that in accordance with N.C.G.S. 143-518 all information connected to dispatch, response, treatment or transport of a patient is strictly confidential. I agree to keep all information I may learn about a patient while a Student / Observer strictly confidential. I agree that the only time I may disclose any patient information is at the direction of a Catawba County Emergency Services Employee.

I understand that during the course of my internship with Catawba County Emergency Services I may hear or observe confidential information in addition to confidential information about patients. I agree not to repeat or inform anyone of anything I hear, learn or observe unless being told to do so by an Emergency Services employee or their attorney.

I also understand that my failure to comply with the provisions of this Confidentiality Agreement may constitute a misdemeanor punishable by fine and / or imprisonment and will result in my permanently being prohibited from riding with Catawba County Emergency Services and being immediately discharged from my internship.

I further state that I understand and agree to comply with this Catawba County Emergency Services Confidentiality Agreement at all times.

\_\_\_\_\_  
Student / Observer

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCEMS Employee

\_\_\_\_\_  
Date

This document approved to form:

\_\_\_\_\_  
Debra Bechtel, County Attorney

\_\_\_\_\_  
Date

**Catawba County Emergency Medical Services**

**INFECTION CONTROL STANDARD OPERATING GUIDELINE**

Catawba County EMS has provided me with a copy of their SOG regarding Infection Control.

I have reviewed the guideline and a Catawba County EMS employee has answered any questions I may have had.

I agree to abide by all the procedures when and if they affect me in my capacity as a student / observer.

\_\_\_\_\_  
Student / Observer Date

\_\_\_\_\_  
CCEMS Employee Date

This document approved to form:

\_\_\_\_\_  
Debra Bechtel, County Attorney Date

**Catawba County Emergency Medical Services**

**VOLUNTEER INFORMED CONSENT NOT TO RECEIVE HEPATITIS B VACCINATION**

I, \_\_\_\_\_, am a volunteer who, because of participation in high risk activity, as determined by OSHA regulations, qualifies to receive vaccination to protect me against Hepatitis B Virus.

I understand that Hepatitis B Virus is transmitted through blood and body fluids and that because of my activities as a volunteer; I am at higher than normal risk of exposure to the virus.

Each year the Center for Disease Control estimates that 300,000 people in the United States are infected with Hepatitis B Virus and of those approximately 12,000 are health care or public safety workers. Ten percent (10%) of those who are infected will become carriers and will have a higher than normal risk of developing chronic liver disease, including cirrhosis and cancer, and are infectious to others.

The Centers for Disease Control recommends that all individuals at high risk receive a Hepatitis Vaccination. The vaccination provides over ninety percent (90%) protection to Hepatitis B.

\_\_\_\_\_ I have already taken the Hepatitis B vaccine series.

Dates of vaccination: \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

\_\_\_\_\_ Although I may be exposed to blood or body fluids, I choose not to take the vaccine. I read and understand this consent and understand the risk I am taking by not taking the vaccine.

NOTE: All students must supply a copy of their vaccination record or completed declaration. (Attach copy)

\_\_\_\_\_  
Student / Observer Date

\_\_\_\_\_  
CCEMS Employee Date

This document approved to form:

\_\_\_\_\_  
Debra Bechtel, County Attorney Date