

Northern Valley EMS

Ambulance Observer Program

Observer Rules and Guidelines

Each Observer:

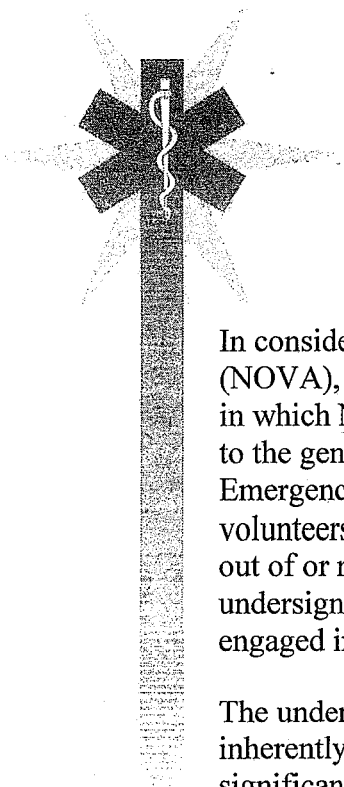
1. Must fill out the Observer Application and present it for approval by Northern Valley EMS Executive Director or her designee.
2. Must review and sign a Confidentiality and Non-Disclosure Statement.
3. Must present documentation of CPR or other required certification at the time of making application. The Observer may be asked to demonstrate CPR proficiency.
4. Must sign the attached Release Form
5. Must call in advance to receive permission to be added to the crew.
6. Must read and understand the Standard Operation Guidelines of NOVA before OBSERVING the first call.
7. Must wear an appropriate "generic" NOVA shirt. No jeans, shorts, or cutoffs allowed.
8. Must not participate in ANY PATIENT CARE unless specifically requested by the crew chief to assist with CPR.
9. Must not participate in more than five (5) active calls. Each must be documented by the crew chief. Active calls will be generally described as those where a patient is transported. Recalls, refusals, and standbys are not to be counted.
10. Must be at least sixteen (16) years of age and in good physical and mental health. Observers under eighteen (18) years of age must conform to NOVA's Standard Operating Guidelines as they relate to child labor laws
11. Must not be available for a period exceeding 12 hours without a 10-hour rest period

NOVA

Northern Valley Emergency Medical Services, Inc.

2375 Levans Road • Coplay, PA 18037-2202

610-262-1075 • FAX 610-262-8630



Northern Valley EMS

Ambulance Observer Program

Ambulance Observer Release

In consideration of receiving permission from Northern Valley Emergency Medical Services Inc. (NOVA), to enter the premises of a NOVA ambulance, to ride in and to be in and about the area in which NOVA personnel are performing emergency and other non-emergency medical services to the general public, the undersigned releases and holds harmless the Northern Valley Emergency Medical services, its Board of Directors, Executive Director, Managers, employees, volunteers, and agents from all liability, claims, demands, actions and causes whatsoever, arising out of or relating to any loss, damage, or injury, including death, that may be sustained by the undersigned, or any property of the undersigned while in, on, or upon the premises, vehicles, or engaged in any of the activities of the Northern Valley Emergency Medical Services.

The undersigned hereby acknowledges that he/she is aware that emergency services are an inherently dangerous occupation and that the potential for serious bodily harm and death are significantly greater than in most occupations. The undersigned elects voluntarily to assume all risk of loss, damage, or injury, including death, that may be sustained by the undersigned while on the property of or while at the scene of any fire, rescue, emergency call or related activities of Northern Valley Emergency Medical Services. This Release shall be binding upon the distributes, heirs, next of kin, successors, executors, and administrators of the undersigned.

In signing the foregoing Release, the undersigned hereby acknowledges and represents:

1. That he/she has read the foregoing Release, understands it, and signs it voluntarily
2. That he/she is over 18 years of age and of sound mind and body, or if the undersigned is not yet 18 years of age, the signatory party is the appropriate parent or guardian.
3. That he/she is not an agent, employee, or member of Northern Valley Emergency Medical Services.

Date: _____

Name of Released: _____

Signature: _____

Witness: _____

Guardian printed name and signature: _____

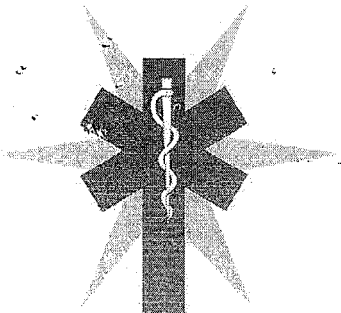
APPROVAL: _____ DATE: _____

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Application for Ambulance Observer Program

APPLICANT INFORMATION:

Last Name	First Name	Middle Initial	Date of Birth
Street Address	City	State	Zip Code
Phone #			
Email address			

CERTIFICATION AND BACKGROUND:

CERTIFICATION	TYPE	EXPIRATION DATE
CPR**		
OTHER		
OTHER		

** CPR certification must be American Heart Association Healthcare Provider or American Red Cross Professional Rescuer

REASON FOR APPLYING FOR THE OBSERVER PROGRAM:

I, the undersigned, agree to follow all rules and guidelines of Northern Valley Emergency Medical Services, Inc. while participating in their **OBSERVER PROGRAM**. I will not participate in **any patient care**, except if instructed by the crew chief to assist in providing CPR. I understand that my OBSERVER status will be revoked after five (5) active calls, which do not include recalls, refusals, or standbys. Extension of the status beyond five (5) calls must be specifically approved by the Chief of NOVA or his/her designee. A signed OBSERVER RELEASE FORM (see attached) must be presented to the crew chief at the beginning of each shift. The crew chief will sign the form at the completion of each active call and will collect the form when five (5) trips have been collected.

APPLICANTS SIGNATURE: _____ DATE: _____

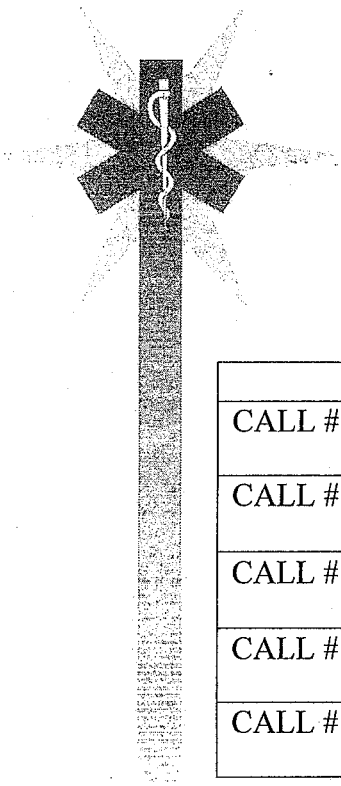
APPROVED BY: _____ DATE: _____

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Call Log

	TYPE OF CALL	DATE & TIME	CREW CHIEF
CALL # 1			
CALL # 2			
CALL # 3			
CALL # 4			
CALL # 5			

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OBSERVER CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT

Confidential Information

The protection of confidential business information and trade secrets is vital to the interests and success of Northern Valley Emergency Medical Services, Inc. Confidential information is any and all information disclosed to or known by you because of your role with the company that is not generally known to people outside the company about its business.

Such confidential information includes, but is not limited to:

- Patient Information
- Patient and Customer Lists
- Patient Billing Information

An observer who improperly uses or discloses confidential patient information may be subject to legal action even if he or she does not actually benefit from the disclosed information.

Patient Information

All Observers have an obligation to conduct themselves in accordance with the Health Insurance Portability and Accountability Act (HIPAA), and Northern Valley Emergency Medical Services Policies that have been enacted to address patient confidentiality. Observers are advised to consult appropriate HIPAA Policies or the Director of Operations for additional information.

Information pertaining to a patient's medical situation may generally only be shared with other health care professionals involved with the treatment of the patient. Information may also be shared for other limited purposes, such as payment activities and health care operations, or other purposes specifically permitted by law, in accordance with Northern Valley Emergency Medical Services, Inc. policies regarding the privacy of patient information.

I understand that I must respect the confidentiality of all patient information and will not disclose such information to individuals outside Northern Valley Emergency Medical Services, Inc. I understand that violation of this policy is subject to legal action.

Observer Name (Print)

Observer's Signature

Date

NOVA

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