



MAINE EMERGENCY SQUAD INC.

2658 State Route 26 Maine NY 13802 607-862-3615

Policy and Procedure for Observers

Thank You for showing interest in Maine Emergency Squad INC. We ask that you read and review this document, sign and date it and return it to one of the Directors of Operations or a Board of Directors Member so that they can validate it and counter sign so that you, or your child may be able to be an observer at Maine Emergency Squad INC.

Please Read Carefully and Initial Each Line

1. ___ These regulations apply to all persons duly authorized to participate as an observer.
2. ___ Persons less than 18 (eighteen) years of age must have a parents consent to participate.
3. ___ All observers must dress in appropriate attire and foot wear. (This means no ripped or torn clothing, black/tan pants/ EMT pants preferred, and black collar polo. Foot wear should be a closed toe boot, or sneaker)
4. ___ Observers may not participate in patient care, or rescue activates, including the handling of any MESI equipment, unless specifically directed to do so.
5. ___ Observers are not to make any statement of any kind to the public, media, family, police, fire or medical personal on scene. The MESI member in charge shall handle all inquiries.
6. ___ No Photographs shall be taken on any call, while in the station, or on "shift" as an observer.
7. ___ Because of the nature of EMS, Observers will be exposed to information that is covered under the Federal HIPPA laws. Other than for a critique of the call, with crew involved, no other discussion of the calls may take place outside of the agency.
8. ___ Due to nature of certain calls (crime scenes, suicides, other calls at the crew chiefs discursion) Observers may not be allowed to participate, or enter the scene. In this event the observer will be asked to sit in the passenger seat of the ambulance and observe from there.
9. ___ I Understand that my application, if approved is valid for 90 Days, at which time I will be asked to please put in an application for membership if I wish to continue to ride.
10. ___ I understand and agree that the interpretation of these polices / procedures and of whether or not I have fully complied is at the total discursion of the MESI Crew Chief, or Director of Operations/Board of Directors member in charge and may refuses the observer permission to participate in any and all manners.



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Observer Application

Date Completed: _____ Date Expires: _____
(90 Days After Completion)

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Phone Number: _____

Age of Participant: _____ Date of Birth: ___/___/_____

Have You Ever Been Convicted of a Crime? Yes ? No?

If yes, please explain:

Are you currently a member of an emergency services organization either paid or volunteer? YES / NO

If Yes, What Agencies and in what capacity?

: _____

State your academic or professional interests in Maine Emergency Squad INC.

I understand that acceptance of this application allows me to participate as an observer with an on duty crew, I am acting in the capacity for the purpose of becoming familiar with EMS operation. I agree to conduct myself in a professional and lawful manner. I understand that confidential nature of calls and patient information and agree not to discuss any information pertaining to any call that I participate in with any person, with the only exception being the crew that participated in said call, or an Officer within the agency. I understand that divulging any such information outside this agency is ground for legal action to be taken against me.

Print: _____ Signature: _____ Date/Time: _____

Parent or Legal Guardian Signature: _____

Print: _____ Date/Time: _____

Officer Approval: _____ Date/Time: _____