1. PURPOSE: To ensure that only authorized Fire Department personnel drive, operate and ride in South Portland Fire Department apparatus and that only authorized civilian personnel and other City of South Portland Employees ride in South Portland Fire Department Apparatus.

2. POLICY: It is the responsibility of all Fire Department members to be familiar with and follow this guideline when operating apparatus and hosting approved civilians or other City Employees.

Definitions:
Apparatus - A specialized South Portland Fire Department emergency vehicle used for rescue, fire suppression, EMS or other specialized function. Generally, not a common type of passenger vehicle. (This includes department service trucks and command vehicles)

3. PROCEDURES:

General Guidelines
• With limited exceptions, apparatus shall only be driven and operated by department members or authorized maintenance personnel.
• With limited exceptions, the Fire Officer or person in charge may permit civilians to ride in apparatus.

Limited Exceptions
• Civilians for whom it has been deemed essential by Fire Department personnel to accompany a patient being transported via Fire Department Ambulance may ride in department Ambulances.
• Police Officers accompanying a patient who has been placed in their custody or who represents a threat to EMS providers may ride in Fire Department Ambulances.
• At the discretion of a Fire Officer or person in charge, Police Officers who have had appropriate training may drive Fire Department Ambulances.
• Persons who have, at the expressed direction of a Chief, been authorized under exigent or other circumstances may ride on Fire Department Apparatus. Civilians permitted to ride on Fire Department Apparatus will only be allowed to remain in the vehicle during emergency responses if that person is engaged with the Department during an emergency mitigation.
• Fire/EMS personnel, employed by another community, may ride on Fire Department Apparatus.
• Persons participating in the South Portland Fire Department approved rider/observation program may ride on Fire Department Apparatus.
Observation Program
The South Portland Fire Department’s observation program is available on a limited and restricted basis to the following individuals and for the following reasons. All observations require a Chief’s approval and are at his or her discretion.

- EMS students completing approved clinical time.
- Adolescent students participating in a school sanctioned job shadow program and who have obtained parental or legal guardian approval.
- A duly enrolled student in a health care program completing observation time for educational reasons.
- Fire Service employees from other fire or EMS departments.
- Civilians with the Chief of the department’s approval

To participate in the South Portland Fire Department observation program a “Waiver and Covenant Not to Sue” form shall be completed and approved prior to participation. Failure to comply with the following conditions will result in dismissal from the program:

- The rider must be 18 years of age unless participating in a sanctioned school program.
- If the rider is under 18 years of age but participating in a sanctioned school program, a parent or legal guardian must sign a release form.
- Observation may only be conducted between the hours of 08:00 and 21:00 hours.
- Individuals may only ride and observe once in a six month period unless specifically approved by the Chief of the department.
- Attire will consist of dark colored (navy or black) neat and clean slacks, (no blue jeans) a light colored shirt (not a T-shirt) and appropriate footwear.
- Observers must be afforded all necessary safety precautions while riding and while in the station. Every effort will be made to provide the observer the opportunity for a flavor of the job, while still respecting victim privacy as well as scene safety.
- If in the judgment of the officer or person in charge the rider does not comply with any of the above noted provisions or is causing undue disruption to the crew, the rider’s observation will be terminated and the duty Chief will be notified. A report will be forwarded to the Chief of department confirming reasons for this action.
- Any medical condition that may affect the observer’s ability to ride shall be brought to the duty Chief’s attention immediately if discovered.

4. REFERENCES:
- None

By Order Of:

Kevin W Guimond

Kevin W. Guimond
Fire Chief
I, _________________________, request permission to participate in the South Portland Fire Department’s Riding Program. (Check all that apply below)

___ I am a member with the ________________________ Fire Department.
___ I am a duly enrolled student in a health education program.
___ I am a licensed EMS provider.
___ I am an individual interested in riding for educational or other purposes.

I understand that the Fire Department personnel provide emergency services and functions that may involve a risk of personal injury, and I knowingly and willingly accept this risk.

On behalf of myself, my heirs, executors, administers and assigns, I hereby expressly waive all rights of action, either legal or equitable, which I, my heirs, executors, administers and assigns, have or might or may have against the City of South Portland, its Fire Department, its officers and or its employees, by reason of any injury or loss to me that results directly or indirectly from my participation in the South Portland Fire Department Riding Program. I expressly covenant with the City of South Portland and its Fire Department that I will never at any future time sue the City for or on account of any damages arising out of my participation in the South Portland Fire Department Riding Program.

While participating in the Riding Program, I agree to abide by the rules, regulations, orders and directions of the South Portland Fire Department and to obey the orders of the officer in charge of the apparatus in which I am riding.

___________________________________  __________
Signature of Participant  Date

___________________________________  __________
Witness or Officer  Date

___________________________________  __________
Chief Officer Approval  Date