RICHMOND COUNTY DEPARTMENT OF EMERGENCY SERVICES AUXILIARY PROGRAM

Junior Membership

Richmond County Department of Emergency Services

Auxiliary Program

The Richmond County Dept. of Emergency Services is excited to announce the development of a new Auxiliary Member Program starting this December. This program will allow those age 16 years and older the opportunity to become certified as an EMT-Basic and gain the knowledge and experience needed to continue into the fast growing career of emergency medicine. In the past few years the need for certified Emergency Medical Technicians has grown by an astounding rate and that need will only continue to grow as our population ages.

The auxiliary will be divided into 2 membership classifications.

Junior Membership - Member's age 16 to 17 years 11 months will be classified as Junior Members upon gaining certification. The Virginia Office of Emergency Medical Services allows this age group to gain their certification, but cannot run as a primary provider. These members, once certified, will be able to staff a medic unit with the career staff as a third provider, meaning they can ride the calls with the primary provider as an assistant. These members will also be able to assist with public relation functions and stand by events.

Full Membership – Members age 18 years and older will be classified as a full member once they have completed all minimum requirements needed to obtain this classification. Once full membership status is obtained, these members will be able to staff a unit with other full members as well as career staff. The requirements for obtaining full member status are: EMT-Basic, Hazardous Materials Awareness, EVOC-class 2 or higher, ICS 100, 200, 700, and 800, and CPR for Health Care Providers. Some of these classes will be taught along with the EMT class while others will be offered through the department once class has finished.

Both membership classifications, upon completion of the EMT class and obtaining their certification, will go through a 6 month probationary period where they will complete a preception packet. Once completed, the packet will be submitted to our Operational Medical Director (OMD) for approval. Once the OMD has approved their packet the provider will be released to operate under the OMD's medical license.

Uniforms – The students will be issued a class shirt identifying them as a student in our program as well as a picture ID. The students will be expected to wear their shirt and identification to every class and all class functions to include clinicals, ride-a-longs, and any other events scheduled during the instruction phase. Once they have completed the instructional phase and have obtained certification, they will be issued a full department uniform.

Cost – The cost of the class for those wishing to join the Auxiliary Program will be $250. This will include all of your books, learning material, and shirt. Richmond County Volunteer Fire Department Members not wishing to join the auxiliary, cost will be $500, and for those individuals only interested in taking the EMT class, but not affiliated with the RCVFD, the cost will be $750. Each student will also be responsible for their final phsyco-motor exam at a cost of $50.

Auxiliary Service – In joining the Auxiliary Program the class is offered at a reduced rate. A two (2) year service contract will be signed before the first day of class for all participating members. This will be an agreement for the member to provide 24 hours of service per month for 24 months. If the contract is broken, the individual will be charged a pro-rated amount to reimburse the department for the remainder of the total cost of $500 ($750 minus the initial $250) for the class. Education is very important to the department and we understand full time high school and college students may have trouble during school to give the expected monthly requirements. Those members will be able to give certain times during the instructional months they are in school but expected during breaks to give their time accordingly.

Career Opportunity – For those members who obtain full membership status, and are interested in starting a career in emergency medicine, will be eligible for part-time or full time employment with the Richmond County Department of Emergency Services when positions become available. Any member who successfully gains employment with the department will have their time of service as an auxiliary member recognized towards the department's standard education contract. This is the standard contract used to re-pay the department for educational expenses incurred on the providers behalf if the terms of employment are terminated before the 2 year period is completed.

Frequently Asked Questions about Richmond County Dept. of Emergency Services Auxiliary Program

This is a list of the questions asked most often by prospective new Auxiliary Members:

Q: How old do I have to be to participate in the Auxiliary Program?

A: You must be a minimum of 16 years of age at the beginning date of the EMT course. If you are less than 18 years of age, you must provide your instructor with a completed parental permission form with the signature of a parent or guardian verifying approval for enrollment in the course.

Q: **What activities do you have in this program?**

A: Accepted applicants will go through a hybrid EMT-Basic course consisting of both classroom and online instruction. Students will be able to participate in clinical ride-a-longs once released by their instructor. Students will also be able to assist the department at all public relations events and participate in trainings held at the station. Once certified, auxiliary members will start their field intern preceptorship with the on-duty crews.

Q: **Do we get uniforms?**

A: Yes. All students will get a clinical uniform for class that will be worn through the perception phase. Once released as an EMT-Basic by the department's Operational Medical Director (OMD), members will be issued a full uniform.

Q: **How will I find out about different events taking place?**

A: Events and training will be announced through e-mails and agency wide text messages. In addition, you may be contacted directly by the Auxiliary Coordinator (Especially if there is a change or short notice).

Q: **When can I start riding the ambulances and perform emergency medical services?**

A: All members while in class and once cleared by the Instructor will be able to ride as a third to obtain their clinical hours. Auxiliary Members age 16-17 years 11 months, once certified as an EMT-Basic, will be allowed to ride as a third and assist the on-duty EMS crews. Members 18 years old, once certified, will be allowed to run as a third and assist the on-duty EMS crew. Once the field internship has been completed and the provider is released by the OMD, members who are at least 18 years old can run as a primary provider.

Q: **If I have questions or a problem, who do I talk to?**

A: The Auxiliary Program will be headed up by a Program Coordinator and a Program Instructor. Questions or concerns while in class should be directed toward these individuals, but during clinical rotations or training, all Richmond County Dept. of Emergency Services Providers are available to answer questions and assist you.

Parent/Guardian Information

We hope some of the questions and answers for potential Auxiliary Members has helped answer some of your questions already. You may certainly call the station and speak to the Auxiliary Coordinator or Auxiliary Instructor Monday through Friday at 804-333-5089.

SUPERVISION

Richmond County Dept. of Emergency Services (R.C.D.E.S.) is staffed 24/7/365 by full and part-time career staff. R.C.D.E.S. has a paramilitary command structure, having an EMS Chief, Operations Captain, and three Lieutenants supervising personnel in a multitude of operational roles every day. Auxiliary Members will interact with the career staff and gain experience in a career EMS organization. Supervision is embedded in our structure as well as accountability to the community. The Auxiliary Members will have the opportunity to gain knowledge and experience from the career staff on the skills, responsibilities, and educational requirements for emergency medical services and other professional public safety careers. Training of all types will be done by OEMS and VDFP certified Instructors. Auxiliary Members will not be allowed in an emergency setting until they are mature and competent to assist.

DROPPING OFF AND PICKING UP YOUR CHILD

DROP OFF:

- Please make sure that an employee of R.C.D.E.S. is present before dropping off your child. It may be possible for all personnel are out on emergency calls and the station is un-maned

- Please let an employee know if someone other than a parent will be picking up your child.

PICKING UP:

- **Please make sure to pick up your child on-time!** This goes for any function whether its class, training, scheduled duty shifts, or public relations event. We prefer to have the child call and acknowledge they are ready for pick up.

EMERGENCY CONTACT INFORMATION

Please update your emergency contact information and medical information whenever changes occur.

	Richmond County Dept. Of Emergency Services **STANDARD OPERATING GUIDELINE**	
	Date: September 5, 2017 Created By: Captain Mitchell Paulette Approved By: Chief Greg Baker Page 1 of 1	Applies To: Junior and Full Auxiliary Members
	AUXILIARY EMS DIVISION	Effective Date:

A. Purpose

To outline and define the requirements for the Auxiliary EMS Division of Richmond County Department of Emergency Services.

B. Guidelines

1. All applicants must be at least 16 years of age.

2. Minimum certification requirements are: EMT-Basic, EVOC Class 2 or higher, Haz-mat Awareness, ICS 100, 200, 700, 800, CPR for Healthcare Providers.

3. For interested parties who do not hold a certification, a yearly certification course will be held with all needed requirements taught. The course will be offered at a reduced rate of $250.00 DOLLARS, but will require a 2 year program participation contract.

4. Members will be required to give a minimum of 24 hours of availability per month. Minimum length of a shift will be no less than 8 hours unless pre-approved by the Auxiliary Division Coordinator for special events.

5. Members 16 -17 years and 11 months of age will be classified as junior members and allowed to operate as a third. Junior members are not permitted to run any overnight shifts.

6. Members 18 years of age and older will be classified as a full member after a 6 month probationary period.

7. Members still in either high school or college must maintain a C average to remain active in the auxiliary.

8. Once a member reaches 18 years of age, is a full member, and a position is available, they can be considered for part-time or full-time employment with Richmond County Department of Emergency Services.

9. Members who are under the 2 year program participation contract will have their service time as an auxiliary member pro-rated towards a 2 year education contract upon employment.

10. Any member who fails to meet the minimum requirements of the auxiliary division, after 1 year, will be removed from the roster and invoiced for any and all training costs incurred by the department on their behalf.

	Richmond County Dept. Of Emergency Services **STANDARD OPERATING PROCEDURE**	
	Date: September 5, 2017 **Created By:** Captain Mitchell Paulette **Approved By:** Chief Greg Baker **Page 1 of 1**	**Applies To:** **Junior and Full Auxiliary Members**
	Auxiliary EMS Division	**Effective Date:**

A. Purpose

To outline the standard operating procedures for the Auxiliary EMS Division of Richmond County Department of Emergency Services.

B. Procedures

1. All members will be required to give a minimum of 24 hours of availability per month. A minimum of 8 hours will be given for each shift. Time for special events and standby's will be counted towards the 24 hours.

2. There will be no response from home from any junior auxiliary member, full members need approval from the on-duty shift supervisor before responding to a call from home.

3. If a full member is needed to respond from home, they will adhere to all traffic laws and drive with due regard for safety.

4. No use of P.O.V. dash or grille lights will be authorized.

5. Junior members can run as a third with the on-duty crews and must be off duty by 2200. Junior members can also run as a third to help staffing during special events and standbys.

6. Full members may run with the on-duty crews or if another full member is scheduled for duty that day, may assist in staffing a third truck. Full members may also staff a truck for special events and standbys.

7. Full members are able to staff a second truck at night or co-staff an on-call truck with the career staff from 1900-0700. Auxiliary members wishing to staff any night shifts will be required to report for duty to Rescue Station 1 by 1900.

8. All members will be held to the same standards as the career staff and will follow all policies and procedures set forth by Richmond County Department of Emergency Services

9. NO FREELANCING OF CALLS WILL BE TOLERATED.

Richmond County Department of Emergency Services

6674 Richmond Rd. Warsaw, VA 22572-1000
804-333-5089 Office 804-333-5099 Fax

Contract of Understanding

I and my son/daughter have read all of Richmond County Dept. of Emergency Services Auxiliary Standard Operating Procedures and Guidelines set forth for the purpose of an Auxiliary Member. I and my son/daughter understand that a Junior Auxiliary Member serves in a support role of Richmond County Dept. of Emergency Services to learn the basics of Emergency Medical Services and life saving training to prepare to become a full member at the age of 18. I and my son/daughter understand that Junior Auxiliary Members are to follow all instructions from the career staff or those in the command staff of Richmond County Dept. of Emergency Services and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful of other Auxiliary Members and Staff and to all citizens as they are representing Richmond County Dept. of Emergency Services. I and my son/daughter understand there is a zero tolerance policy regarding drug and alcohol use. I and my son/daughter understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines are grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines are to be immediately reported to the Auxiliary Coordinator.

Auxiliary Applicants Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

Richmond County Department of Emergency Services

6674 Richmond Rd. Warsaw, VA 22572-1000
804-333-5089 Office 804-333-5099 Fax

Acknowledgement of Receipt of Standard Operating Procedures and Guidelines

I acknowledge that I and my son/daughter have received a copy of the Richmond County Dept. of Emergency Services Standard Operating Procedures and Guidelines and have reviewed them prior to signing these documents.

Auxiliary Applicant Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

I acknowledge that the above signed received a copy of the Richmond County Dept. of Emergency Services Standard Operating Procedures and Guidelines.

Auxiliary Coordinator Signature_____ Date_____

Richmond County Dept. of Emergency Services

Auxiliary Application

Application must be filled out prior to participation.

APPLICANT INFORMATION

The completed form must be returned to the Auxiliary Coordinator at least five business days prior to your requested participation. Any false information or omissions on this application may result in disqualification. The Department reserves the right to deny privileges for any reason, without prior notice.

Full Name	Date of Birth
Home Address	Phone Number
Place of Employment or School	Gender (circle: Male Female
Position/Title	Major/Study
Place of Employment/School Address	Business/School Phone #:
What is your interest in participating in this program?	

Please answer the following by placing a 'Y' for yes, or an 'N' for no, in the box to the right of the question:

Are you subject to a court order restraining you from harassing, stalking or threatening an intimate partner or child of such a partner?		Have you ever been charged or convicted of a criminal offense? Please list the offense, date and location:	
Are you under indictment or do you have charges pending in any court for any crime?		Are you currently taking any medication that could impair your judgment in a stressful situation?	
Have you ever participated in this program? If yes, when did you last participate?		Are you an unlawful user of marijuana, any depressant or stimulant, or any controlled substance?	

I have read and understand the application for the Auxiliary Program of the Richmond County Department of Emergency Services. The above information is true and accurate to the best of my knowledge.

Applicant Signature _____ Parent/Guardian Signature _____

For Department Use Only

Approved: ☐ Yes ☐ No

Signature: _____

Comments:

Return completed form to the Richmond County Dept. of Emergency Services – Auxiliary Coordinator or On-Duty Officer.

Richmond County Department of Emergency Services
P.O. Box 1000
6674 Richmond Road
Warsaw, VA 22572

If you have any questions, please call 804-333-5089

Richmond County Dept. of Emergency Services

Auxiliary Application

Application must be filled out prior to participation.

PARENT/GUARDIAN INFORMATION	
The completed form must be returned to the Auxiliary Coordinator at least five business days prior to your requested participation. Any false information or omissions on this application may result in disqualification. The Department reserves the right to deny privileges for any reason, without prior notice.	
Full Name	Date of Birth
Home Address	Phone Number: Home – Work –
Emergency Contact (If different from above)	Relation to applicant

I have read and understand the application for the Auxiliary Program of the Richmond County Department of Emergency Services. The above information is true and accurate to the best of my knowledge. By signing, I give my permission to allow my son/daughter to participate in the Richmond County Dept. of Emergency Services Auxiliary Program. I give my consent to allow _____ to be an auxiliary member and do not hold Richmond County responsible for any actions caused by my son/daughter that is not under the direction of Richmond County Emergency Services.

Parent/Guardian Signature

For Department Use Only

Approved: ☐ Yes ☐ No

Signature: _____

Comments:

Return completed form to the Richmond County Dept. of Emergency Services – Auxiliary Coordinator or On-Duty Officer.

Richmond County Department of Emergency Services
P.O. Box 1000
6674 Richmond Road
Warsaw, VA 22572

If you have any questions, please call 804-333-5089

Richmond County Dept. of Emergency Services
Auxiliary Application

Application must be filled out prior to participation.

MEDICAL INFORMATION

The completed form must be returned to the Auxiliary Coordinator at least five business days prior to your requested participation. Any false information or omissions on this application may result in disqualification. The Department reserves the right to deny privileges for any reason, without prior notice.

Primary Care Physicians Name	Office Phone Number
Desired Hospital	Do You Take Any Medications? Yes No
Medications	
Medical History	
Allergies	

For Department Use Only

Approved: ☐ Yes ☐ No

Signature: _____

Comments:

Return completed form to the Richmond County Dept. of Emergency Services – Auxiliary Coordinator or On-Duty Officer.

Richmond County Department of Emergency Services
P.O. Box 1000
6674 Richmond Road
Warsaw, VA 22572

If you have any questions, please call 804-333-5089

Richmond County Department of Emergency Services

6674 Richmond Rd. Warsaw, VA 22572-1000

Authorization Form for Motor Vehicle Records Check

The purpose of this form is to obtain your authorization to conduct a Motor Vehicle Records (MVR) check for the Department's use in determining if you will receive or maintain authorization to drive Department vehicles. Motor Vehicle Records checks will be obtained for volunteers, current employees and applicants offered employment.

As a condition for driving vehicles during Department business, personal or Department owned, employees must give Richmond County Dept. of Emergency Services authorization to conduct a MVR check and provide all necessary information for the check. Driving privilages will be prohibited if authorization to conduct a MVR check is not given, as well as possible termination from the Department. An MVR check will be conducted annually unless Management determines a more frequent check is necessary. MVR results are for administrative use only and are not to be distributed to anyone. Personnel will be permitted to view the MVR if its results affect the authorization to operate vehicles on Department business.

Drivers authorized to drive department vehicles must report any accident occurring while operating Department vehicles, any license suspension and any conviction for a moving violation whether the violation occurred on or off the job.

(Please print as shown on your driver's license. All fields are required unless otherwise indicated)

Name: Last_____ First_____ Middle_____

Date of Birth_____ Driver's License #_____ Class_____

Address_____ City_____ State_____ Zip_____

I authorize the Richmond County Department of Emergency Services to obain driver's license information from any state or jurisdiction that I have been licensed to drive motor vehicles and to share this information with the appropriate Department and/or County officials.

Applicant Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

Richmond County
Department of Emergency Services
Auxiliary Program Participant HIPAA Agreement

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended) limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Additionally, the department is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a member in the department's Auxiliary Program, you are specifically prohibited from discussing individual patients, their treatment and any other information that could be utilized to identify these patients, including photographs, with anyone except those departmental personnel who will be conducting activities. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, news articles); the Auxiliary Coordinator will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health-related information may be utilized without review and subsequent authorization of the Coordinator or his/her designee.

As a participant in the Richmond County Department of Emergency Services Auxiliary Program, I understand the restrictions outlined above and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996, 2.2-3705.5 (1) code of Virginia and federal regulation 45 CFR 164.502 as amended.

_____ _____
Auxiliary Participant Signature Date

_____ _____
Printed Name of Auxiliary Participant Date

_____ _____
Parent/Guardian signature Date