



<b>Program Document No.:</b> 12002.00		<b>Subject:</b> MFR Level of Service		<b>Type:</b> Policy	
<b>Effective Date:</b>	June 4, 2004	<b>Revision Date 01:</b>	October 12, 2004		
<b>Approval Date:</b>	May 14, 2004	<b>Revision Date 02:</b>	October 31, 2012		
<b>Review Date:</b>	February	<b>Revision Date 03:</b>			
<b>Replaces:</b>	None	<b>Revision Date 04:</b>			
<b>Signature of Director, EHS Provincial Programs:</b> <i>original signed by Paula Poirier</i>			<b>Signature of Senior Manager, EHS MFR Services:</b> <i>original signed by Kathleen McNally</i>		

**1.0 Purpose:**

- 1.1 To ensure the recorded registered level of service is allocated to each call in the correct service delivery area.

**2.0 Procedure:**

- 2.1 The agency or department indicates the Medical First Response Agency’s level of response on the form as attached.
- 2.2 The MFR Agency’s Chief/MFR Coordinator signature is required for any change in the status of the response level.
- 2.3 Once the form is completed, send by fax or mail to:

EHS Communications Centre  
 239 Brownlow Avenue, Suite 300  
 Dartmouth, NS B3B 2B2  
 Fax: (902) 835-7103

- 2.4 The EHS Communications Centre will acknowledge the request for change in response level with the Chief /MFR Coordinator of the agency.
- 2.5 The changes will be entered in the EHS Computer Aided Dispatch (CAD) System, as well as the EHS MFR binder at the First Response Communications Officer’s workstation in the EHS Communications Centre.

**3.0 Appendices:**

- 3.1 Appendix A: MFR Agency Response Level Form



<b>Appendix:</b> A	<b>PDN:</b> 12002.01	<b>Last Updated:</b> October 31, 2012	<b>Subject:</b> MFR Agency Response Level Form
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To: EHS Communications Centre  
 239 Brownlow Avenue, Suite 300  
 Dartmouth, NS B3B 2B2  
 Fax: (902) 835-7103

From (Name): \_\_\_\_\_ Title: \_\_\_\_\_

Please Print Clearly

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

MFR Agency Response Level:		
<input type="checkbox"/>	Level 1	Do <u>Not Notify</u> my department/agency for medical calls.
<input type="checkbox"/>	Level 2	Only notify my department/agency if requested by the responding paramedics.
<input type="checkbox"/>	Level 3	Notify my department/agency for "Time Critical" emergency calls only, as determined by EHS Communications Officer.
<input type="checkbox"/>	Level 4	Notify my department/agency for all emergency calls in our community.
<input type="checkbox"/>	Level 5	Notify my department/agency for cardiac arrests, motor vehicle collisions and lift assists only.
<input type="checkbox"/>	Level 6	Notify my department/agency if requested by the responding paramedics and for all cardiac arrests and motor vehicle collisions.

*(Please check the box on the left-hand side to indicate level of response.)*

Change in level is effective as of (date) \_\_\_\_\_

Authorized Signature of \_\_\_\_\_  
 Fire Chief or Non-Traditional Agency  
 MFR Coordinator

Date \_\_\_\_\_