



Program Document No.: 12017.00		Subject: Return of First Responders		Type: Policy	
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Review Date:	February	Revision Date 03:			
Replaces:	None	Revision Date 04:			
Signature of Director, EHS Provincial Programs: <i>original signed by Derek LeBlanc</i>			Signature of Manager, EHS MFR Services: <i>original signed by Robert Boudreau</i>		
Signature of EHS Director of Field Operations: <i>original signed by Robert Brown</i>					

1.0 Purpose:

- 1.1 To provide guidelines for decision making for appropriate resource utilization to return first responders who have assisted in providing patient care in an ambulance to a health care facility back to their point of origin.
- 1.2 To maximize the availability of EHS Ground Ambulance resources to meet the pre-hospital medical transportation needs of Nova Scotia.
- 1.3 To assure first responders are returned in the most expeditious and appropriate manner so their community is not deprived of their services for longer than absolutely necessary.

2.0 Procedure:

- 2.1 Ambulances transporting patients accompanied by first responders shall confirm that information with the EHS Medical Communications Centre via radio upon departure from the pick-up location.
- 2.2 Paramedic Crew is to contact the Medical Communications Centre 20 minutes out from their destination to arrange pick up of the Medical First Responder by an approved taxi service for return to their station at the expense of the MFR Program.
 - 2.2.1 If complications arise in the course of making alternative return transport arrangements for the first responder(S), the Communications Officer will engage their Supervisor / SCO in attempts to secure return transport.
- 2.3 As an alternative, first responders accompanying patients to hospital from emergency scenes can contact their fire department / medical first response agency to arrange return transport to their station.

2.3 First responders that incur any costs related to acquiring transportation from a health care facility to their station after assisting in providing patient care should obtain a receipt to facilitate reimbursement by EHS MFR Services.

2.3.1 Receipts for transportation (i.e. taxi) or travel costs (i.e. mileage) should be submitted, on a *“First Responders Travel Claim Form,”* by the fire department/medical first response agency to the Manager, EHS MFR Services. Date, time and location of MFR call must be indicated on the claim form.

3.0 *First Responders Travel Claim Form* attached



FIRST RESPONDERS TRAVEL CLAIM FORM

Name: _____ Date: _____

Fire Department/MFR Agency: _____

Mailing address: _____

Telephone: _____ Cell: _____ Fax: _____

Date, time and location of call: _____

Accompanied patient to: _____
(indicate health care facility)

Mileage: _____ km @ \$0.39/km = \$ _____ **or** Transportation cost: \$ _____
(e.g. taxi; attach receipt)

Signature: _____ Total claim: \$ _____

Note: Payment of this claim will be issued to the Fire Department or MFR Agency.

Submit completed form to: EHS MFR Services
239 Brownlow Avenue, Suite 300
Dartmouth, NS B3B 2B2
Fax: (902) 832-8602

Approved by: _____ Date: _____
MFR Coordinator