

# EHS Medical First Response Program 2008 Annual Report





Over the years we have reported on the EHS MFR Program with the EHS Annual Report. Early in 2008, the MFR Strategic Advisory Committee recommended that we prepare a more detailed report on the EHS MFR Program.

Late in 2004 a management team was formally assigned to provide services and support to the EHS MFR Program. Since then, we have diligently worked to maintain a successful program structured with documents to guide the program for years to come. Equipment and consumable supplies are constantly being evaluated to support the scope of practice for the EHS registered medical first responders of Nova Scotia. Several educational modules have been developed to promote knowledge and skill development of the mandatory competencies. As well, program policies are regularly reviewed to facilitate growth of the program.

This report is dedicated to the volunteer medical first responders who respond to calls at the request of the Nova Scotia EHS Medical Communications Centre; and to the many MFR facilitators and other paramedics who volunteer their time to provide and assist with MFR refresher training sessions held throughout the province. We wish to acknowledge and express our sincere appreciation to all volunteers who provide professional out-of-hospital medical assistance to patients.

Many new initiatives for the EHS MFR Program have been released in recent years. Each initiative brings improvements to the services, support, equipment, supplies and training required to maintain and support the medical first response services for our province. The support of our Provincial Medical Director and the MFR Strategic and Logistic committees has been instrumental in the progress of this important provincial program.

With our management team, we are proud to present to you the 2008 Annual Report on the EHS MFR Program of Nova Scotia.

Sincerely,

A handwritten signature in blue ink that reads 'Paula Poirier'.

Paula Poirier  
Director of Provincial Programs  
EHS Emergency Health Services

A handwritten signature in blue ink that reads 'Kathleen McNally'.

Kathleen McNally  
Senior Manager  
EHS MFR Services

**Vision**

The Nova Scotia Emergency Health Services Medical First Response program is a provincial network of volunteer, community supported medical first response teams adequately resourced and competently staffed.

**Mission**

To enhance a community’s ability to provide safe, effective, reliable First Aid through participation in the provincial Medical First Response program.

In 2002/03, the Strategic Advisory Committee worked together to develop a strategic plan for the EHS MFR program. This plan allows for the provision of an effective MFR program that meets the needs of Nova Scotians. This plan identified five key strategic directions:

- An infrastructure that supports a province-wide volunteer MFR program
- A training plan that ensures competent MFR personnel
- A communications plan that fosters community support
- EHS sponsored MFR agencies that are strategically located
- Appropriate funding levels that ensure program sustainability

As of December 31, 2008, there are 189 EHS sponsored MFR agencies in Nova Scotia and 2,610 registered MFRs. Through the sponsorship of EHS, these agencies receive medical first response equipment, supplies and, for fully sponsored agencies, training reimbursement. In many cases, EHS has also provided automated external defibrillators to fully sponsored agencies.

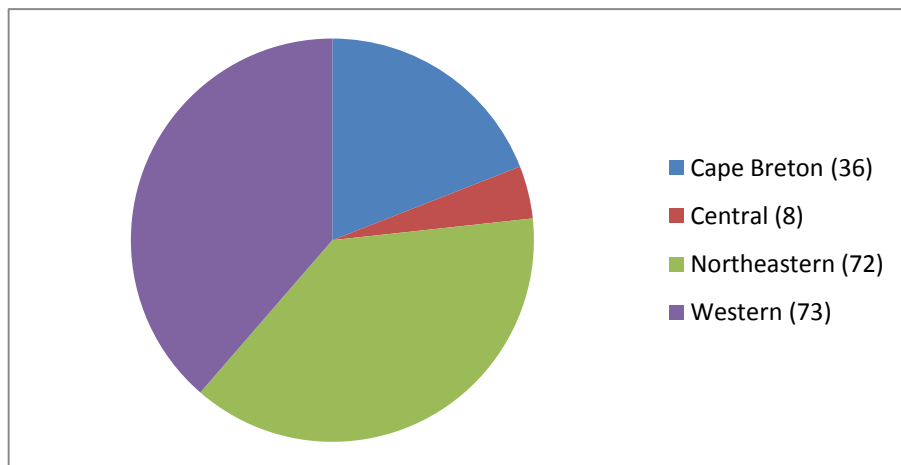


Fig. 1 EHS MFR Agencies by Region

Six fire departments became EHS sponsored MFR agencies in 2008: Cheticamp in April; Collingwood and Wallace in June; Eel Brook, Sherbrooke and Southville in December.

## Personnel

EHS MFR Services has four core office staff working in the Redstone Building on Brownlow Avenue in Dartmouth: Kathleen McNally, Senior Manager; Rob Boudreau, Program Development Paramedic; Barb Eld, Registrar; and Chantelle White-Evans, Administrative Assistant.

In addition, EHS MFR Services is directly supported by Ambulance Operations Management and Paula Poirier, EHS Director of Provincial Programs, Dr. Andrew Travers, Provincial Medical Director, and their respective administrative assistants, Margaret Martell-Hiltz and Tanya Fraser.

EHS MFR Services is also guided by a Strategic Advisory Committee and a Logistics Committee, both with representation from stakeholders such as Fire Service Association of Nova Scotia, the Provincial Fire Marshal, Halifax Regional Fire and Emergency Services, Cape Breton Regional Municipality Fire Services, the Provincial Medical Director, and directors and managers of EHS and Ambulance Operations.

Four MFR Liaisons, one EHS Paramedic selected from each of the provincial regions, also assist the department on a part-time basis with various initiatives. An expression of interest was posted in November 2008, which shall add one MFR Liaison to each of the the Northeastern and Western regions.

The success of the EHS MFR Program is also attributable to the commitment of the MFR Services approved EHS Paramedics who graciously volunteer their time to coordinate and conduct refresher training sessions for medical first responders across the province.



## Program Documents

Several EHS MFR program documents (policies) were revised and one new program document was introduced.

Highlights:

### *Program Document 12008.00: MFR Registration*

- Section 2.2 reflects that an individual must be associated with an EHS MFR Agency to be eligible to make application for an EHS MFR tag.
- The training cost for which fully sponsored agencies can be reimbursed (Section 2.3) was increased from \$90 per person to \$150 per person, to a maximum of \$1,500 in the first year of sponsorship, and \$300 in subsequent years.

### *Program Document 12015.00: MFR Re-registration*

- Section 2.2.1 identifies training guidelines for EHS MFRs associated with Halifax Regional Fire and Emergency Service.

### *Program Document 12016.00: Request to Stage*

- Revisions were made to the language of this policy to better ensure personal safety by clearly communicating expectations of MFRs when requested to stage away from a scene.

### *Program Document 12017.00: Return of First Responders*

- This new policy was introduced to provide guidelines for transportation of MFRs who have assisted with the provision of patient care in an ambulance to a health care facility back to their point of origin.



Fig. 2 Cardiopulmonary Resuscitation (CPR) demonstration

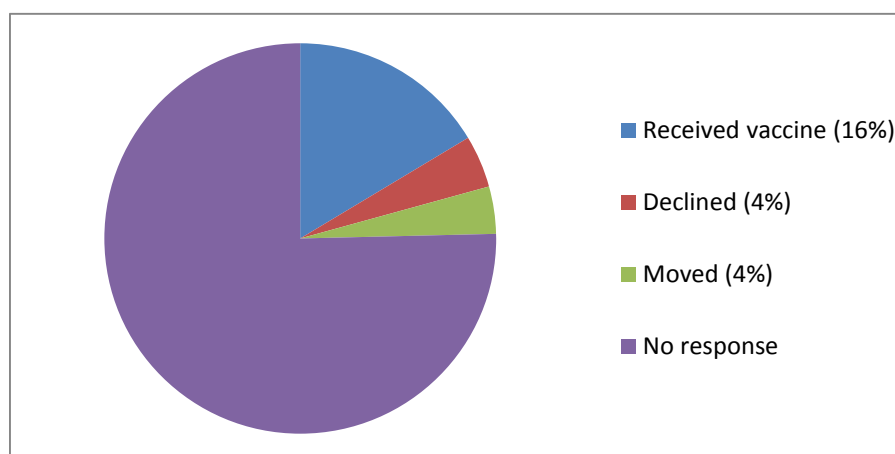
EHS MFR Services provides support and services to medical first responders and MFR agencies throughout the province.

### ***MMR Vaccination***

In May 2007, in a protective response to the outbreak of the mumps virus in Nova Scotia, Dr. Robert Strang, Nova Scotia Health Promotion and Protection, announced an initiative for all health care providers in the province to receive the measles, mumps-rubella (MMR) vaccine.

Beginning July 2007, EHS MFR Services announced its support of the province's initiative and since that time, 3,184 letters have been sent to EHS registered MFRs offering the opportunity to receive the vaccine at no cost to them.

To date, 782 individuals have responded and, of those, 519 have received the vaccine.



*Fig. 3 MMR Vaccination Response*

### ***Defibrillation Project***

In an effort to move the EHS MFR program forward, Emergency Health Services (EHS) announced, on May 2, 2008, the request to purchase 65 biphasic LIFEPAK 500 automated external defibrillators (AEDs) by EHS MFR Services for distribution to sponsored agencies. An evaluation committee accepted and reviewed applications from interested agencies, and in many cases, these devices were provided as an upgrade to agencies utilizing older technology, e.g. LIFEPAK 300.

Physio-Control/Medtronic will no longer be manufacturing the LP500, thus requiring the EHS MFR Management Committee to research devices from the three leading manufacturers and select the next best device for the EHS MFR program. The evaluation and selection process will be completed in February 2009.

## Safety Vests

In June 2008, each EHS sponsored MFR agency received two yellow reflective safety vests which identify the wearer as a medical first responder. These vests offer improved visibility over the previously issued blue vests, which helps to ensure the safety of the MFR when responding to medical calls.



Fig. 4 EHS MFR-issued safety vest

## Patient Care Reports (PCRs)

Significant effort was put into the development of a new, more user-friendly MFR patient care report. Numbered patient care report (PCR) books were issued to all EHS sponsored MFR agencies in June 2008. All MFRs are encouraged to review Program Document No. 12010.00 as a reminder to document patient care when assisting on medical calls.

Only 28% of all calls placed to EHS MFR agencies from the EHS Medical Communications Centre responses are documented on PCRs and submitted to EHS MFR Services.

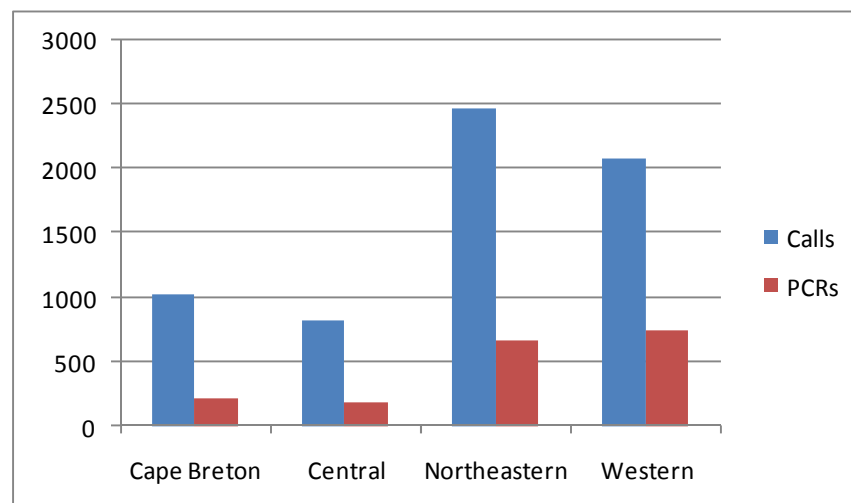


Fig. 5 Comparison of calls received vs. PCRs submitted

EHS MFR Services has prepared an educational presentation on documentation that is available to our MFR Facilitators for refresher training sessions.

## **Oxygen Exchange**

In May 2006, EHS Ground Ambulance awarded the oxygen supply contract to one vendor. This was to supply aluminum oxygen cylinders to all EHS bases across Nova Scotia and help provide consistency and a standard product throughout. Keeping in line with this initiative, EHS MFR Services followed suit. The Central and Northern regions were consistent; however, change outs had to be made with the MFR agencies in the Western and Cape Breton regions. Our key objective with this initiative was to make the exchange of aluminum oxygen cylinders easier for the MFR agencies. This can now be done at the nearest EHS ambulance base or perhaps on scene, if patient condition, time and supply allow.

## **Website**

The EHS MFR Services website, [www.ehsmfr.ca](http://www.ehsmfr.ca), was redesigned in the fall of 2008 to become a more user-friendly “one stop shop” for MFR agencies, first responders and facilitators. The website is updated regularly and includes a training calendar indicating upcoming refresher sessions across the province, forms for registration and consumables orders, all Program Documents, staff contact information, news on current initiatives, and much more.



### **The new website offers...**

- Easier navigation
- Downloadable forms
- Detailed training calendar
- Photo gallery
- Agency showcase
- ...and more!

## **Check us out!**

The website also has a special section where EHS MFR Services' Facilitators can download all necessary session planning tools and educational module presentations.

## Consumables

EHS MFR Services provides consumable supplies to all registered MFR agencies. In 2008, 302 orders were filled for 126 EHS MFR agencies throughout the province.

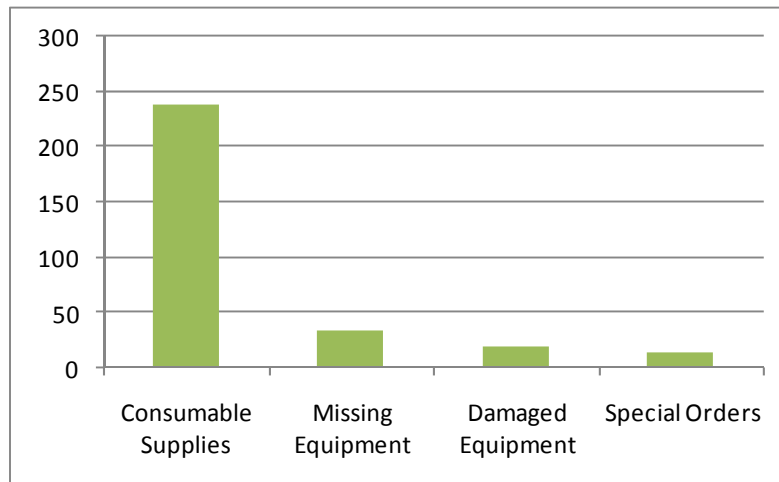


Fig. 6 Consumables orders filled for EHS MFR Agencies

## Refresher Training

The EHS Provincial Medical Director has approved six MFR Mandatory Essential Competencies, for which training modules have been developed. These competencies include Airway Management, Assessing Vital Signs, Automated External Defibrillation (AED), Cardiopulmonary Resuscitation (CPR), Primary Survey and Triage. Additional training modules have been developed for Bariatrics, Documentation, Emergency Childbirth, Safe Driving, Secondary Survey and Splinting & Spinal Immobilization.

Training is delivered to agencies across the province by MFR Services approved EHS paramedics who volunteer their time as MFR Facilitators. During 2008, 219 training sessions were delivered by 40 active facilitators, with more than 3,900 first responders in attendance.

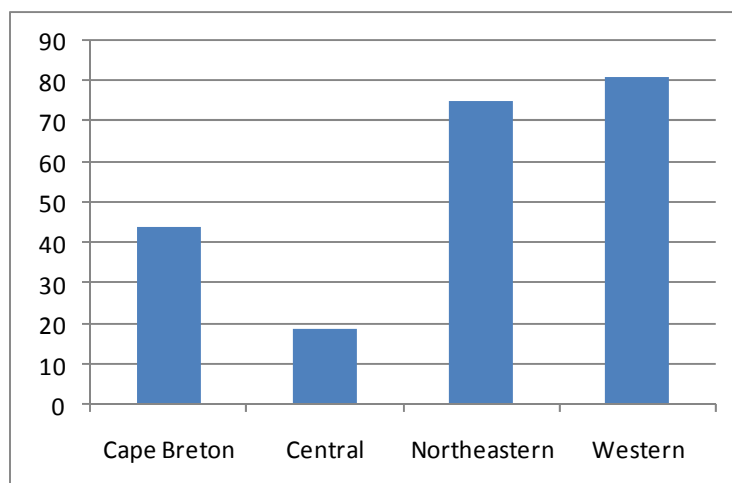


Fig. 7 EHS MFR sessions across the province

In addition to PowerPoint presentations for each training module, EHS MFR Services provides MFR Facilitators with all necessary equipment and training aids.



*Fig. 8 Administration of oxygen utilizing bag mask ventilation*

Many EHS Paramedics who are not registered facilitators contribute to the delivery of the EHS MFR program. For example, in 2008, 130 paramedics volunteered their time to assist at EHS MFR refresher sessions.

We acknowledge and truly appreciate our paramedics and all the first responders that work together to improve skills and enhance the relationships between first responders and paramedics.

## Call Volume

The Advanced Medical Priority Dispatch system is designed to assess the location and number of patients and then to gather patient specific information to determine the correct unit type (Advanced Life Support/Basic Life Support) to assign and the manner in which the unit responds (Hot or Cold). Specific key questions based upon the patient condition are asked to determine the severity of the condition and assign a response determinant. MFR is initiated based upon patient condition and the level of response selected by the MFR agency of jurisdiction. For all calls except Echo level responses, MFR agencies are requested to respond upon reaching a determinant (after all questions are completed). For Echo level responses, MFR is notified as soon as the address is verified before key questions are completed.

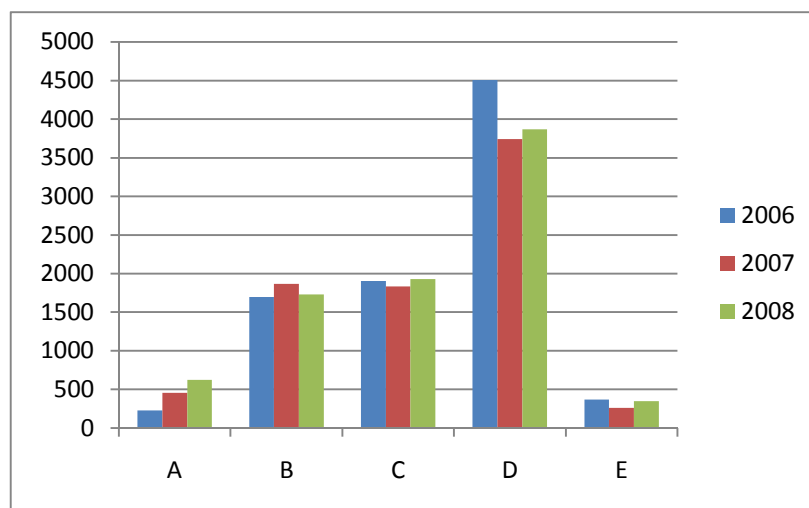


Fig. 9 Call volume comparison 2006-2008

### Alpha Level Response

- Non-lights and siren (Cold) response
- Patient condition is not life or limb threatening
- May be handled by a Basic Life Support (BLS) unit
- There are no priority symptoms (chest pain, shortness of breath, altered level of consciousness, exsanguinating hemorrhage)
- Patient outcome will not be improved by the use of lights and siren
- Examples (unless priority symptoms are present): allergic reactions without difficulty breathing or swallowing; assault involving injury to a non-dangerous body area; burns <18% body surface area; diabetic awake and behaving normally; headache with normal breathing; minor bleeding; sick person; etc.

### Bravo Level Response

- Lights and siren response
- May be handled by a Basic Life Support (BLS) unit
- Unknown conditions
- Condition may require timely intervention
- Examples: allergic reaction of an unknown status; assault involving a possibly dangerous body area; burns of an unknown status; seizure with regular breathing not verified; drowning of an unknown status or alert and breathing but with injuries or in water; etc.

### **Charlie Level Response**

- Lights and siren response
- Patient condition may be life or limb threatening
- Condition requires timely intervention
- Advanced Life Support (ALS) may be required
- Examples: allergic reaction with difficulty breathing or swallowing; back pain with fainting or near fainting; breathing problems; burns with difficulty breathing or building fire with persons reported inside; diabetic not alert, behaving abnormally, or having problems breathing; overdose with violence, abnormal breathing, or not alert; etc.

### **Delta Level Response**

- Lights and siren response
- Patient condition may be life or limb threatening
- Condition requires timely intervention
- Advanced Life Support (ALS) is required
- Examples: allergic reaction with severe respiratory distress, or not alert, or condition worsening; assault – unconscious or not alert, abnormal breathing, dangerous body area, multiple victims; burns with multiple victims, unconscious or arrested, not alert; chest pain with severe respiratory distress, not alert, or clammy; convulsions or seizures, not breathing; continuous or multiple seizures, irregular breathing; diabetic unconscious; etc.

### **Echo Level Response**

- Dispatched as soon as condition is identified (from Case Entry Protocol)
- Known or suspected cardiac arrest; choking verified or ineffective breathing; hanging; strangulation; unconscious with ineffective breathing; electrocution with ineffective breathing; etc.

EHS MFR Services acknowledges and thanks the EHS Medical Communications Centre officers and management for their dedication in providing support to the EHS MFR agencies throughout Nova Scotia.

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