



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



Appendix: A	PDN: 12002.01	Last Updated: March 20, 2007	Subject: 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.

(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 _____