




Program Document No.: 12017.00		Subject: Return of First Responders		Type: Policy	
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Replaces:	None	Revision Date 04:			
Signature of Director, EHS Provincial Programs: 			Signature of Manager, EHS MFR Services: 		
Signature of EHS Director of Field Operations: 					

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 First responders accompanying patients to hospital from emergency scenes should contact their fire department/medical first response agency to arrange return transport to their station.
 - 2.2.1 If the first responder is unable to arrange transportation, the empty ambulance *may* be considered as a means to return a first responder in a local area, provided the Communications Supervisor is aware of and approves the transport.
 - 2.2.2 First responders returned to their originating station in an empty ambulance may be required to accompany and remain with the ambulance for assigned area coverage (stand-bys) or any ambulance response. This may result in delays in returning 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: Manager
 EHS MFR Services
 239 Brownlow Avenue, Suite 300
 Dartmouth, NS B3B 2B2
 Fax: (902) 832-8602

Approved by: _____ Date: _____
*Regional Manager,
EHS Ground Ambulance Operations*