



<b>Program Document No.: 12017.00</b>		<b>Subject:</b> Return of First Responders		<b>Type:</b> Policy	
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<b>Approval Date:</b>	November 14, 2008	<b>Revision Date 02:</b>			
<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 Derek LeBlanc</i>			<b>Signature of Manager, EHS MFR Services:</b> <i>original signed by Robert Boudreau</i>		
<b>Signature of EHS Director of Field Operations:</b> <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 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*