



**Memorandum**

**To: EHS Registered Medical First Response Agencies**

**CC: EHS MFR Approved Facilitators and Liaisons  
EHS Regional Managers, Supervisors and Paramedic Bases  
EHS LifeFlight  
EHS Communications Centre  
Bob Brown, Director, System Support, EHS Ambulance Operations Management  
Derek LeBlanc, Director, Provincial Programs, Emergency Health Services  
MFR Strategic Advisory Committee and Logistics Committee Members  
Fire Service Association of Nova Scotia**

**From: Robert Boudreau, Manager, MFR Services**

**Date: 23 June 2010**

---

Enclosed is a memorandum from Robert Brown, Director, System Support, pertaining to personnel changes within the EHS MFR Services department, as well as revised program documents and forms.

Please review and update your EHS MFR Services binder with the following documents:

*Section 1: Contact Information*

- EHS MFR Services contact information

*Section 2: Policies*

- Program Document 12008.00: MFR Registration, revised 23Jun10
- Program Document 12009.00: MFR Service Inquiry, revised 23Jun10
- Program Document 12010.00: MFR Documentation Standards/PCR Completion, revised 24Mar10 (*EHS address change only*)
- Program Document 12017.00: Return of First Responders, revised 23Jun10

*Section 5: Forms*

- Request for Return of Missing/Damaged Equipment form, revised 21Jun10
- MFR Agency Training Reimbursement Request Form, revised 23Jun10
- First Responders Travel Claim Form, revised 21Jun10

We encourage you to visit [www.ehsmfr.ca](http://www.ehsmfr.ca) regularly for the most current information on training, registration, and other MFR-related matters of interest.

Please contact me at 902-832-8620 or [robert.boudreau@emci.ca](mailto:robert.boudreau@emci.ca) if you have any questions.



Ambulance Operations Management

## MEMORANDUM

TO: EHS Registered Medical First Response Agencies

FROM: Robert Brown, Director, System Support

DATE: June 18, 2010

RE: Announcement of Manager, EHS MFR Services

---

Further to Kathleen McNally's memo dated April 20, 2010 regarding her new position with EHS Ambulance Operations Management as Senior Manager, Performance Excellence & Facilities Management, it is with great pleasure that I announce that Rob Boudreau has been awarded the term position of Manager for the EHS Medical First Response Program, effective June 21, 2010. This term position is to support our MFR team while Program Manager Neil Mooy is on leave. Rob is a familiar face in EHS MFR Services, and brings with him a great deal of background and knowledge in the leadership and management of this important program.

Rob has been involved with emergency medical services for 23 years and is currently registered with EHS as an Advanced Care Paramedic and a Medical First Responder. Throughout his career Rob has been active in promoting and supporting the Emergency Health Services System. In addition to his extensive clinical experience Rob is a dedicated educator and remains active in ACLS, CPR, First Aid and MFR Programs as an instructor and currently holds the position of Manager, Community Learning & Special Services with Medavie EMS.

As I welcome Rob to the MFR team, I would also like to thank Kathleen for her six years of strong commitment to and leadership of the EHS MFR Program, and wish her well in her new role.



## **EHS MFR Services Contact Information**

**239 Brownlow Avenue, Suite 300  
Dartmouth, NS B3B 2B2  
Tel: (902) 832-8356  
Fax: (902) 832-8602**

---

**Robert Boudreau, ACP  
Manager, MFR Services**

Tel: (902) 832-8620  
Email: robert.boudreau@emci.ca

**Barb Eld  
MFR Registrar**  
*EHS MFR registration and re-registration*



Tel: (902) 832-4685  
Email: barbara.eld@emci.ca or  
mfr.registry@emci.ca

**Chantelle White-Evans  
MFR Administrative Assistant**  
*Refresher training & general inquiries*

Tel: (902) 832-8356  
Email: chantelle.white-evans@emci.ca or  
mfrservices@emci.ca

**Derek LeBlanc  
Director, EHS Provincial Programs**  
(Administrative Assistant: Alishea Rose)

Tel: (902) 424-2346  
Fax: (902) 424-1781  
Email: alishea.rose@gov.ns.ca

<b>Program Document No.:</b> 12008.00		<b>Subject:</b> MFR Registration		<b>Type:</b> Policy	
<b>Effective Date:</b>	June 4, 2004	<b>Revision Date 01:</b>	October 12, 2004		
<b>Approval Date:</b>	May 14, 2004	<b>Revision Date 02:</b>	November 23, 2005		
<b>Review Date:</b>	February	<b>Revision Date 03:</b>	February 23, 2006		
<b>Replaces:</b>	None	<b>Revision Date 04:</b>	July 1, 2006		
		<b>Revision Date 05:</b>	September 26, 2006		
		<b>Revision Date 06:</b>	July 24, 2007		
		<b>Revision Date 07:</b>	October 29, 2008		
		<b>Revision Date 08:</b>	February 5, 2009		
		<b>Revision Date 09:</b>	March 22, 2010		
		<b>Revision Date 10:</b>	June 23, 2010		
<b>Signature of Director, EHS Provincial Programs:</b> 			<b>Signature of Manager, EHS MFR Services:</b> 		

**1.0 Purpose:**

- 1.1 To provide the medical first responders with standardized registration and training programs.

**2.0 Procedure:**

- 2.1 Medical first responders must complete MFR training through one of the EHS approved Medical First Responder training agencies - St. John Ambulance or Canadian Red Cross.
- 2.2 Anyone who is 19 years of age or older, has successfully completed MFR training by an EHS approved MFR training agency, is a current resident of Nova Scotia, and is associated with an EHS MFR response agency (listed in the CAD at the EHS Communications Centre) can make application for his/her EHS MFR tag by completing the *“Medical First Responder Registration/Re-registration Application”* form or contacting the EHS MFR Registrar at (902) 832-4685 or by email to mfr.registry@emci.ca.
- 2.3 Within the first 12 months of EHS sponsorship, fully sponsored MFR agencies are entitled to receive training costs reimbursed to the EHS MFR agency at a maximum rate of \$150 per person, to a maximum of \$1,500.

Each consecutive year, a fully sponsored EHS MFR agency is entitled to receive reimbursement for MFR training of two (2) persons at a maximum rate of \$150/person.

Cheques can only be issued to those agencies who supply an invoice that is marked “paid” when they apply for either their initial reimbursement or their annual reimbursement.

- 2.4 EHS MFR tags remain the property of EHS Emergency Health Services.

**3.0 MFR Agency Training Reimbursement Request Form attached.**



## MFR AGENCY TRAINING REIMBURSEMENT REQUEST FORM

Per Program Document 12008.00, Section 2.3:

Within the first 12 months of EHS sponsorship, fully sponsored EHS MFR agencies are entitled to receive training costs reimbursed to the EHS MFR agency at a maximum rate of \$150 per person, to a maximum of \$1,500.

Each consecutive year, a fully sponsored EHS MFR agency is entitled to receive reimbursement for MFR training of two (2) persons at a maximum rate of \$150/person.

Cheques can only be issued to those agencies who supply an invoice that is marked "paid" when they apply for either their initial reimbursement or their annual reimbursement.

**PLEASE PRINT**

Fire Department/MFR Agency: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Training provider:      St. John Ambulance       Canadian Red Cross

Date and location of training: \_\_\_\_\_

Total claim: \$ \_\_\_\_\_ Paid invoice/receipt attached:

Submitted by: \_\_\_\_\_ Position: \_\_\_\_\_


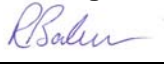
Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

*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: \_\_\_\_\_

Date processed to Finance: \_\_\_\_\_

<b>Program Document No.:</b> 12009.00		<b>Subject:</b> MFR Service Inquiry		<b>Type:</b> Policy	
<b>Effective Date:</b>		June 4, 2004	<b>Revision Date 01:</b>		October 12, 2004
<b>Approval Date:</b>		May 14, 2004	<b>Revision Date 02:</b>		August 12, 2009
<b>Review Date:</b>		February	<b>Revision Date 03:</b>		June 23, 2010
<b>Replaces:</b>		None	<b>Revision Date 04:</b>		
<b>Signature of Director, EHS Provincial Programs:</b> 			<b>Signature of Manager, EHS MFR Services:</b> 		



## 1.0 Purpose:

- 1.1 To provide an avenue for MFRs to initiate an inquiry in relation to interactions and/or services by EHS.
- 1.2 To provide an avenue to resolve issues pertaining to service with on scene calls that do appear to comply with established standards.
  - Follow the next steps:
    - a) MFR to contact their Chief/MFR Coordinator
    - b) Chief/MFR Coordinator to contact EMC Area Supervisor (written or verbal).
    - c) If unsatisfied with result, follow the EHS service inquiry process in the procedure as follows:
  - Service Inquiry forms can be found on the EHS website, [www.gov.ns.ca/ehs](http://www.gov.ns.ca/ehs), or by calling (902) 424-2346.

## 2.0 Procedure:

- 2.1 All concerns must be forwarded in writing on the Service Inquiry Form.
- 2.2 All forms must be faxed to (902) 424-1781.
- 2.3 All completed Service Inquiry forms regarding the EHS Medical Communications Centre or ground ambulance must be addressed to:
 

Attn: Service Inquiry Coordinator  
Emergency Health Services  
237 Brownlow Avenue, Suite 160  
Dartmouth, NS B3B 2C5
- 2.4 A reply will be sent to the MFR Agency in a timely fashion.

<b>Program Document No.:</b> 12010.00		<b>Subject:</b> MFR Documentation Standards / PCR Completion		<b>Type:</b> Policy	
<b>Effective Date:</b>	June 4, 2004	<b>Revision Date 01:</b>	October 12, 2004		
<b>Approval Date:</b>	May 14, 2004	<b>Revision Date 02:</b>	April 29, 2005		
<b>Review Date:</b>	February	<b>Revision Date 03:</b>	February 1, 2008		
<b>Replaces:</b>	None	<b>Revision Date 04:</b>	March 24, 2010		
<b>Signature of Director, EHS Provincial Programs:</b> 			<b>Signature of Senior Manager, EHS MFR Services:</b> 		

**1.0 Purpose:**

- 1.1 To ensure the control of patient care information and records are administered in a confidential and uniform manner.

**2.0 Procedure:**

- 2.1 EHS has an obligation to protect a patient's rights to privacy and therefore must not disclose any personal health information to third parties without the patient's expressed consent (in writing) or as required by a court order to do so.
- 2.2 All requests for patient care information must be forwarded in writing to:  
Director, EHS Provincial Programs  
237 Brownlow Avenue, Suite 160  
Dartmouth, NS B3B 2C5
- 2.3 All media information requests regarding calls or patients are to be forwarded to EHS via the Medical Communications Centre.
- 2.4 MFRs are responsible to secure all Patient Care Records. All Patient Care Records must remain in a secure area out of the public eye, prior to their final submission to:  
EHS MFR Services  
239 Brownlow Avenue, Suite 300  
Dartmouth, NS B3B 2B2
- 2.5 Discussion regarding a patient's personal health information shall not take place in the presence of persons not entitled to such information or in public places (i.e. coffee shops, workplaces, etc.).
- 2.6 The Chief/MFR Coordinator or delegate will send the completed Patient Care Records to EHS MFR Services on a regular (i.e. monthly) basis.






**AGENCY NAME:** \_\_\_\_\_

Confidentiality is not something to take lightly. Releasing information, whether Patient Care Reports, your own personal notes, or even just discussing personal information about a patient, is a violation of the patient’s right to privacy. EHS is obligated to ensure those rights are protected at all levels of patient care and contact.

Please review **Program Document No. 12010.00: MFR Documentation Standards/CPR Completion** and sign below as having read and understood this policy as it relates to patient confidentiality.

<i>Name (please print clearly)</i>	<i>EHS MFR Reg #</i>	<i>Signature</i>

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

<b>Program Document No.: 12017.00</b>		<b>Subject:</b> Return of First Responders		<b>Type:</b> Policy	
<b>Effective Date:</b>	November 14, 2008	<b>Revision Date 01:</b>	June 23, 2010		
<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> 			<b>Signature of Manager, EHS MFR Services:</b> 		
<b>Signature of EHS Director of Field Operations:</b> 					

## 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*



## REQUEST FOR RETURN OF MISSING/DAMAGED EQUIPMENT

**Complete this form and submit to**  
 EHS MFR Services  
 239 Brownlow Avenue, Suite 300, Dartmouth, NS B3B 2B2  
 Fax: (902) 832-8602    Tel: (902) 832-8356

Item	Quantity	Please include all details: date, time, location of call, and damage or failure
V-Vac Suction Handle		
Oxygen Regulator		
Backboard		
Backboard Straps		
Head Immobilizer Unit		
Head Immobilizer Straps Only		
Head Immobilizer Blocks Only		
Head Immobilizer Base Only		
KED		
Blood Pressure Cuff		
Stethoscope		
A1000 Airway Kit		
Safety Vest		
Oxygen Wrench		
Scissors		
*LIFEPAK 500 Defib Pads		
*HeartStart FRx Defib Pads		
Other (please specify)		

*\* To exchange defibrillator pads, refer to EHS MFR Program Document 12006.00: MFR Supplies*

**Type of call:**            MVC             Cardiac Arrest             Other

### Report of Damage or Failure

Did damage or failure compromise patient care in any way?    Yes             No   
 If yes, please explain below:

\_\_\_\_\_  
**Agency Name**

\_\_\_\_\_  
**Agency Chief/MFR Coordinator**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Date**

***EHS MFR Services use only***

**Request sent to:**  
 \_\_\_\_\_

**Date request sent:**  
 \_\_\_\_\_

**Date equipment returned:**  
 \_\_\_\_\_

**Initials:**  
 \_\_\_\_\_



## MFR AGENCY TRAINING REIMBURSEMENT REQUEST FORM

Per Program Document 12008.00, Section 2.3:

Within the first 12 months of EHS sponsorship, fully sponsored EHS MFR agencies are entitled to receive training costs reimbursed to the EHS MFR agency at a maximum rate of \$150 per person, to a maximum of \$1,500.

Each consecutive year, a fully sponsored EHS MFR agency is entitled to receive reimbursement for MFR training of two (2) persons at a maximum rate of \$150/person.

Cheques can only be issued to those agencies who supply an invoice that is marked "paid" when they apply for either their initial reimbursement or their annual reimbursement.

**PLEASE PRINT**

Fire Department/MFR Agency: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Training provider:      St. John Ambulance       Canadian Red Cross

Date and location of training: \_\_\_\_\_

Total claim: \$ \_\_\_\_\_ Paid invoice/receipt attached:

Submitted by: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

*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: \_\_\_\_\_

Date processed to Finance: \_\_\_\_\_



## 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*