



Memorandum

To: EHS Registered Medical First Response Agencies

CC: Volunteer MFR Facilitators (Paramedics)
EHS Supervisors, Regional Managers and Paramedic Bases
EHS Medical Communications Centre
EHS LifeFlight
Bob Brown – Director of Field Operations, EMC
Dawnelda Murray – A/Director of Provincial Programs, EHS

From: Kathleen McNally – Senior Manager, EHS MFR Services

Date: 18 March 2009

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

- Program Document 12006.00: MFR Supplies (*revised 16Mar09*)
- Program Document 12007.00: Request for Return of Missing/Damaged Equipment (*revised 16Mar09*)
- Program Document 12008.00: MFR Registration (*revised 05Feb09*)
- Program Document 12012.00: Multiple Care Providers (*revised 05Feb09*)

The following information has been sent to all EHS registered Medical First Response Agencies:

- Announcement pertaining to HeartStart FRx AED (*26Feb09*)
- First Response Agency Information Sheet, to be completed and submitted whenever there are any changes to MFR contacts within your agency
- Confidentiality sheet which should be signed by all new agency members after careful review of Program Document No. 12010.00: MFR Documentation Standards/PCR Completion
- EHS Medical First Response Program 2008 Annual Report
- 9th Annual Nova Scotia EMS Symposium brochure


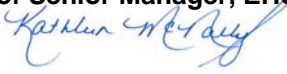
We encourage you visit www.ehsmfr.ca regularly for the most current information on training, registration, and other MFR-related matters of interest.

Please contact me at 902-832-8351 or kathleen.mcnally@emci.ca if you have any questions.

Yours in medical first response,

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

Kathleen McNally

Program Document No.: 12006.00		Subject: MFR Supplies		Type: Policy	
Effective Date:	June 4, 2004	Revision Date 01:	October 12, 2004		
Approval Date:	May 14, 2004	Revision Date 02:	November 23, 2005		
Review Date:	February	Revision Date 03:	October 29, 2008		
Replaces:	None	Revision Date 04:	March 16, 2009		
Signature of Director, EHS Provincial Programs:			Signature of Senior Manager, EHS MFR Services:		
					

1.0 Purpose:

- 1.1 To ensure medical supplies are ordered, received and/or returned in a timely manner.

2.0 Procedure:

- 2.1 Each agency will establish minimum and maximum counts at each site to facilitate ordering.
- 2.2 Orders are to be completed on the *“EHS MFR Approved Consumables Re-order Form.”*
- 2.3 Fax the completed order form to (902) 832-8602.
- 2.4 The order is filled and sent to the agency within ten (10) business days.
- 2.5 Large items such as backboards and KEDs are exchanged on scene if time permits or if it does not deplete the ambulance’s supply.
- 2.6 To replace missing equipment or HeartStart FRx defibrillator pads used on a call, complete the *“Request for Return of Missing/Damaged Equipment”* form (see Program Document No. 12007.00) and send to EHS MFR Services by fax at (902) 832-8602 or mail at 239 Brownlow Avenue, Suite 300, Dartmouth, NS B3B 2B2.
- 2.7 Sponsored agencies with compatible LIFEPAK 500 defibrillator pads can exchange these pads with the ambulance on scene, if time permits.
- 2.8 LIFEPAK 500 or HeartStart FRx defibrillator pads with six (6) months remaining in their shelf-life and still in the original package may be exchanged by completing the *“Request for Return of Missing/Damaged Equipment”* form (see Program Document No. 12007.00) and forwarding the non-expired defibrillator pads, along with the completed form, to EHS MFR Services at 239 Brownlow Avenue, Suite 300, Dartmouth NS B3B 2B2.



EHS Registered Medical First Responders

APPROVED CONSUMABLES RE-ORDER FORM

FAX TO: (902) 832-8602

NAME OF AGENCY: _____

CONTACT PERSON: _____

TELEPHONE/CELLULAR: _____

(PLEASE PRINT)

DESCRIPTION	UOM	CURRENT INVENTORY	REQUESTED QUANTITY
Gauze Dressing, 4"x4" 8-Ply Sterile	25/Pkg		
Abdominal Pad, 5"x9" Sterile	16/Pkg		
Gloves, Small	100/Box		
Gloves, Medium	100/Box		
Gloves, Large	100/Box		
Gloves, X-large	100/Box		
Airways OPA, Pedi	Each		
Airways OPA, 0 (50mm)	Each		
Airways OPA, 1 (60mm)	Each		
Airways OPA, 2 (70mm)	Each		
Airways OPA, 3 (80mm)	Each		
Airways OPA, 4 (90mm)	Each		
Airways OPA, 5 (100mm)	Each		
Airways OPA, 6 (1100mm)	Each		
V-Vac Cartridge	Each		
BVM, Adult	Each		
BVM, Pediatric	Each		
Saline, 0.9% NaCl Inj 1000ml	Each		
Collar, Adult	Each		
Collar, Pedi	Each		
Collar, Baby	Each		
Gauze, Conform, 4"x4.1" Sterile	Each		
Tape, Transpore 1"x10 yd	Each		
Airways NPA, 12Fr	Each		
Airways NPA, 18Fr	Each		
Airways NPA, 24Fr	Each		
Airways NPA, 32Fr	Each		
Triangular Bandage, 40"x60", w/2 pins	Each		
Non-Sterile Bulk 4"x4"	Pkg		
Lubricating Gel Muko	Each		
Wipes, Alcohol	200/Box		
Band-aids	100/Box		
Oxygen Mask, Adult	Each		
Oxygen Mask, Pediatric	Each		
Corrugated Splint	Each		
OBS Kit	Each		
Burn Kit	Each		
Patient Care Report Forms	Pad		
Continuation Forms	Pad		

Signature of requester _____

Date _____


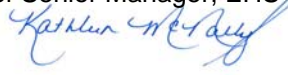
EHS MFR SERVICES USE ONLY

Date order received _____

Date order filled _____

Filled by _____



Program Document No.: 12007.00		Subject: Request for Return of Missing/Damaged Equipment		Type: Policy	
Effective Date:	June 4, 2004	Revision Date 01:	October 12, 2004		
Approval Date:	May 14, 2004	Revision Date 02:	November 8, 2004		
Review Date:	February	Revision Date 03:	March 16, 2009		
Replaces:	None	Revision Date 04:			
Signature of Director, EHS Provincial Programs: 			Signature of Senior Manager, EHS MFR Services: 		

1.0 Purpose

1.1 This form is utilized for the return of missing or damaged equipment.

2.0 Procedure

2.1 Complete this form and fax to EHS MFR Services at (902) 832-8602 or send by mail to 239 Brownlow Avenue, Suite 300, Dartmouth, NS B3B 2B2.

3.0 Form attached



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:


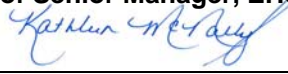
Agency Name

Agency Chief/MFR Coordinator

Date

Telephone

EHS MFR Services use only

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

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 Only new, fully sponsored EHS registered MFR agencies will 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 registered 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.



EMERGENCY HEALTH SERVICES MFR SERVICES

239 Brownlow Avenue, Suite 300, Dartmouth, NS B3B 2B2
Tel (902) 832-4685 Fax (902) 832-8602
Email: mfr.registry@emci.ca



Medical First Responder Registration/Re-registration Application

Check the appropriate box : First Time Registration Re-registration Card Replacement Card Paramedic

Current Registration # _____ Date of Birth _____ Gender M/F _____

NAME: _____
(LAST) (FIRST) (INITIAL)

HOME MAILING ADDRESS

CITY _____ PROV _____ POSTAL CODE _____

HOME PH. _____ CELL _____ WORK _____

E-MAIL ADDRESS _____

For Office Use Only	
Date Rec'd	_____
Expiry Date	_____
Assigned Tag #	_____
Date Tag Sent	_____

NAME OF EHS RESPONSE AGENCY* YOU ARE AFFILIATED WITH *(MANDATORY)*

Registration and Re-registration requirements (please see EHS MFR Program Document Nos. 12008.00 & 12015.00)

For *Initial EHS MFR Registration:*

- Please attach a copy of your original St. John Ambulance or Canadian Red Cross Medical First Responder certificate.

For *Re-registration:*

- Medical First Responders may complete MFR recertification training through one of the EHS recognized Medical First Responder training agencies - St. John Ambulance or Canadian Red Cross. A Medical First Responder successfully completing recertification training by an EHS recognized MFR training agency can make application for his/her new EHS MFR tag by completing this form and attaching a copy of the St. John Ambulance or Canadian Red Cross certificate.
- OR**
- Medical First Responders may attend refresher training sessions authorized by EHS MFR Services and facilitated by EHS registered Paramedics who are approved volunteer EHS MFR facilitators. Within the three (3) year EHS MFR registration period, the date which can be found on the front of the EHS MFR tag, a Medical First Responder must attend the six (6) mandatory refresher training sessions. The mandatory refresher training topics are identified in Program Document No. 12014.00: Essential Competencies MFR. Attendance at these sessions is tracked by EHS MFR Services through course attendance rosters. When all required training sessions have been completed, the member should complete this form.




Six mandatory refresher sessions: AED CPR Primary Survey Vital Signs Triage Airway Management
Current Heart & Stroke Foundation, St. John Ambulance & Red Cross AED & CPR cards will also be accepted. Submit copy with registration.

MFRs may be required to provide proof of attendance of any refresher training session upon request.

* EHS MFR response agency is listed in the Computer Aided Dispatch (CAD) system at the EHS Communications Centre.

I hereby confirm that the information provided on this application is true. I acknowledge that I am responsible to maintain my registration. I am aware of the EHS MFR Services Program Documents, including No. 12010.00 as it pertains to patient confidentiality, and agree to work within the guidelines described therein. I understand that my EHS MFR tag is the property of EHS Emergency Health Services.	
Signature of Applicant _____	Date _____

**COMPLETED FORM MAY BE RETURNED BY FAX (902-832-8602) OR MAIL TO THE ABOVE ADDRESS.
YOUR NEW TAG WILL BE PROCESSED AND SENT TO YOU WITHIN 2-3 WEEKS.**

Program Document No.: 12012.00		Subject: Multiple Pre-Hospital Care Providers at Scene		Type: Policy	
Effective Date:		December 10, 2004		Revision Date 01: November 15, 2007	
Approval Date:		December 10, 2004		Revision Date 02: October 29, 2008	
Review Date:		February		Revision Date 03: February 5, 2009	
Replaces:		None		Revision Date 04:	
Signature of Director, EHS Provincial Programs: 			Signature of Senior Manager, EHS MFR Services: 		
Signature of EHS Provincial Medical Director: 					

1.0 Purpose:

To ensure safe and optimal patient care at a scene with multiple pre-hospital care and/or paramedical professionals on scene.

2.0 Procedure:

To ensure optimal patient outcome.

3.0 Policy:

3.1 Paramedics who respond to a medical emergency as members of a First Response Agency (fire or police) are acting as medical first responders (MFRs); therefore, the highest registered paramedic of the ambulance crew on scene will have the authority for patient care. This means that a Primary Care Paramedic (PCP) crew will have responsibility for patient management even though an Intermediate Care Paramedic (ICP) or Advanced Care Paramedic (ACP) may also be attending the patient as an MFR.

3.1.1. The above PCP crew may choose to ask the higher registered paramedic MFR(s) for assistance or request they take over responsibility for the management of the patient pending Advanced Life Saving (ALS) crew arrival or intercept.

3.1.2. In the event that a higher registered paramedic MFR performs skills or the patient requires ongoing medication outside the scope of practice of the PCP crew, that higher registered paramedic MFR must remain with that patient until able to transfer responsibility of care to an equal or higher registered paramedic.



February 26, 2009

Dear Medical First Responders,

Our 2008 initiative to provide defibrillators to our EHS Registered Medical First Response Agencies has met with new challenges and changes to product lines. The challenges arose from EHS MFR Services being required to help keep medical first responders up to date with new and emerging guidelines for CPR. The changes to defibrillator product lines were consistent among the various manufacturers in supporting the 2005 CPR guideline changes, which emphasize that effective chest compressions and early defibrillation clearly increase patient survival rates.

Unfortunately, Medtronic/Physio-Control no longer manufactures the LIFEPAK 500. Rather than support two products within the EHS MFR Program, the decision was made to select a new product to ensure uniformity across the MFR community. The defibrillator devices on the market are of exceptional quality, and the main objective was to determine the “best device” for the EHS MFR Program for all Nova Scotia.

Devices of equivalent classification, from different manufacturers, were tested by a group comprised of paramedics from the EHS Quality & Learning department, registered medical first responders, and office support staff with no medical background. Consideration was given to training, apparent durability, ease of use and return to service of the devices. The device preferred by the group was the HeartStart FRx by Philips.

Based on the evaluation of all devices, the EHS MFR Management Committee supports having the Philips HeartStart FRx as the preferred defibrillator device for the EHS MFR Program. EHS has provided additional funding to ensure that all registered and fully sponsored EHS MFR Agencies receive a Philips HeartStart FRx. Defibrillators previously provided by EHS will be returned to EHS MFR Services upon the MFR Agency receiving a Philips HeartStart FRx and appropriate in-service training.

This is exciting news for the Nova Scotia EHS MFR Program! Please visit www.ehsmfr.ca for future updates on this defibrillator initiative. The EHS MFR Fully Sponsored Agencies will receive information by courier within the next two months.

Sincerely,

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

Kathleen McNally,
Senior Manager, EHS MFR Services



PLEASE PRINT CLEARLY

MFR AGENCY INFORMATION SHEET

This form should be completed and returned to EHS MFR Services ASAP whenever there are changes to MFR contacts within an agency.

MFR Agency Name: _____

Civic Address: _____

Mailing Address: _____

_____ Postal Code

Phone: _____ Fax: _____ Email: _____

The following 3 names shall remain on file with EHS MFR Services for both consumable supply orders and information. Please note: All consumable supply orders and information will be sent to the mailing address of the MFR Agency as listed above.

THIS SECTION MUST BE COMPLETED – PLEASE PRINT CLEARLY

1st Contact Name			
Title/Position	FIRE CHIEF		
Telephone	Cellular	Fax	Email
2nd Contact Name			
Title/Position			
Telephone	Cellular	Fax	Email
3rd Contact Name			
Title/Position			
Telephone	Cellular	Fax	Email

Does your agency have a defibrillator? Yes No

If yes, what type? ZOLL Philips LP 500 Other _____ Serial # _____

 Authorized Signature
 (Fire Department Chief or Non-traditional Agency MFR Coordinator)

 Print Name

 Date



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

Registration Form

Name: _____

Occupation: _____

Registration # _____

Address: _____

Telephone #: _____

Date: _____

Please check the box that applies:

Friday Paramedic/MFR No Charge

Saturday Paramedic \$50.00

Sunday Paramedic \$50.00

Paramedic Weekend Package \$90.00

Student (Photocopy of ID) \$45.00

Medical First Responder \$45.00

Weekend Package

Pre-registration closing date is

April 11, 2009

Please send all registration forms to:

Crystal Larkin
EHS Woods Harbour
Box 206, Woods Harbour
Shelb.Co, NS, BOW 2E0
Phone: (902) 637-8840
Fax: (902) 723-0082

No Personal Cheques Please
Money Orders payable to EMS
Symposium

Friday April 24, 2009

1800 – 1830: Official Opening: Paula Poirier

1830 - 2130: M & M's (The Stork Can't Fly/Can You
Send the 20's, Delivery of Twins, &
Teamwork)

All M&M's are approximately 1 hour in length.

Saturday April 25, 2009

800 – 1200: CPR recertification limit of 100.

1200 - 1300: LUNCH (Barbeque Provided)

Bluenose Rooms: Paramedic's and MFR's

1300 - 1350: Air Bags: Dwayne Hunt

Bluenose Rooms: Paramedic's

1400 – 1450: Adverse Effects: Mark Walker

1500 – 1550: Pacemaker/Defib Complications: Brad Reid

1600 – 1650: Restore Program: Victor Matthews

Mahone Room: MFR's

1400 – 1450: Bariatrics

1500 – 1550: Primary Survey

1600 – 1650: Airway

2100: Entertainment in the Lounge (DJ)

Sunday April 26, 2009

Bluenose Rooms: Paramedic's and MFR's

900 - 950: Meth Labs: Corp. Gord Vail

1000 - 1050: Mental Wellness: Dorothy MacDougall

Bluenose Rooms: Paramedic's

1100 - 1200: Ethics & Ethical Decision Making: Dr
Buchholz & Dr Travers

1200 - 1300: LUNCH (Soup & Sandwiches provided)

1300 - 1350: Ethics & Ethical Decision Making

1400 - 1450: Special Pt./ Special Cases: Pat Togni & Dr
Travers

Room 2: MFR's

1100 - 1200: MFR Session: MCI

1200 - 1300: LUNCH (Soup & Sandwiches provided)

1300 - 1450: MFR Session: Mock MCI

Closing: Robert Brown

9th Annual

Nova Scotia EMS

Symposium



April 24, 25, & 26, 2009

**Oak Island Resort,
Spa & Convention
Centre**

36 Treasure Drive,
Exit #9 or 10 Hwy 103
1-800-565-5075

www.oakislandresortandspa.com

**Chance to WIN a gift for early
registration**

Proceeds donated to children with special
medical needs.

Credits Provided:

Paramedic's

- 3 M& M for Friday night.
- 2 Points Per hour of attendance, you must attend each lecture to get full credits.
- An FTP will be available on Saturday & Sunday for Mega Codes, on a first come first served basis.
- Remember to bring your log book.

Room Rates:

- Land side rooms: \$85.00
- Oceanfront rooms: \$95.00
- Land Junior Suite: \$159.00
- Ocean Suites: \$179.00
- 2 Bedroom Oceanfront Chalets: \$189.00.

Remember to specify you are with the N.S. EMS Symposium

How to find us.

- 45 minutes from Halifax (Hwy 103 Exit 9 or 10).
- 2.5 hours from Yarmouth (Hwy 103 Exit 10.)
- 2 hours from Digby (take Hwy 101 to Hwy 10 to hwy 103- exit 10).

M & M' s

Fri. April 24, 2009.

Paula Poirier COO: Opening
The Stork Can't Fly/ Can You Send The 20's
Delivery of Twins
Teamwork

Lectures

Sat. April 25, 2009.

Bluenose Rooms Paramedic's and MFR's

CPR Recertification limit of 100.
MUST PRE-REGISTER

Dwayne Hunt: Air Bag Demonstration

Bluenose Rooms: Paramedic's

Mark Walker: Adverse Effects
Brad Reid: Pacemaker/ Defib Complications
Restore Program: Victor Matthews

Mahone Room: MFR's

MFR Sessions: Bariatrics, Primary Survey & Airway

Sunday April 26, 2009.

Bluenose Rooms: Paramedic's and MFR's

Corp. Gord Vail: Meth Labs
Dorothy MacDougall: Mental Wellness

Bluenose Rooms: Paramedic's

Dr. Buchholz and Dr. Travers: Ethic's & Ethical Decision Making.
Dr. Travers & Pat Togni: Special Patient/ Special Cases.

Mahone Room: MFR's

MFR Sessions: MCI & Mock MCI

Robert Brown, Director of Field Operations: Closing

Registration Form

Fri. April 24, 2009

M & M's

- | | |
|--|-------------|
| <input type="checkbox"/> Paula Poirier | 1800 - 1830 |
| <input type="checkbox"/> The Stork Can't Fly | 1830 - 1930 |
| <input type="checkbox"/> Delivery of Twins | 1930 - 2030 |
| <input type="checkbox"/> Teamwork | 2030 - 2130 |

Sat. April 25, 2009

Bluenose Rooms: Paramedic's and MFR's

- | | |
|---|-------------|
| <input type="checkbox"/> CPR Recertification
<u>Limit of 100</u> | 800 - 1200 |
| <input type="checkbox"/> Air Bags | 1300 - 1350 |

Bluenose Rooms: Paramedic's

- | | |
|--|-------------|
| <input type="checkbox"/> Adverse Effects | 1400 - 1450 |
| <input type="checkbox"/> Pacemaker/Defib Complications | 1500 - 1550 |
| <input type="checkbox"/> Restore Program | 1600 - 1650 |

Mahone Room: MFR's

- | | |
|--------------------------------------|-------------|
| <input type="checkbox"/> MFR session | 1400 - 1450 |
| <input type="checkbox"/> MFR Session | 1500 - 1550 |
| <input type="checkbox"/> MFR Session | 1600 -1650 |

Sun. April 26, 2009

Bluenose Rooms: Paramedic's and MFR's

- | | |
|--|-----------|
| <input type="checkbox"/> Meth Labs | 900 - 950 |
| <input type="checkbox"/> Mental Wellness | 1000-1050 |

Bluenose Rooms: Paramedic's

- | | |
|---|--------------------------|
| <input type="checkbox"/> Ethics & Ethical Decision Making | 1100 -1200
1300 -1350 |
| <input type="checkbox"/> Special Pt./ Cases | 1400-1450 |

Mahone Room: MFR's

- | | |
|---------------------------------------|------------|
| <input type="checkbox"/> MFR Session | 1100 -1200 |
| <input type="checkbox"/> MFR Session | 1300-1350 |
| <input type="checkbox"/> MFR Session | 1400- 1450 |
| <input type="checkbox"/> Robert Brown | 1450-1515 |

Please remember to check the lectures you will be attending and keep a copy for yourself.