



Section 2

Policies



Medical First Response

Policy Index

- 12001.00 MFR Sponsorship**
- 12002.00 MFR Level of Service**
 - 12002.01 Appendix A - MFR Level of Service Form**
- 12003.00 MFR Agency Approval**
- 12004.00 MFR Guiding Principles**
- 12005.00 MFR Accepting/Returning Equipment**
- 12006.00 MFR Supplies**
- 12007.00 MFR Request for Returning Equipment**
- 12008.00 MFR Registration**
- 12009.00 MFR Service Inquiry**
- 12010.00 MFR Documentation Standards/PCR Completion**
- 12011.00 MFR Discontinuing as an Agency**
- 12012.00 Multiple Pre-Hospital Care Providers at Scene**
- 12013.00 TMR Communications between MFR Agencies & EHS Medical Communications Centre**
- 12014.00 Essential Competencies MFR**
- 12015.00 Re-registration Policy**
- 12016.00 Request to Stage**
- 12017.00 Return of First Responders**

Program Document No.: 12001.00		Subject: MFR Sponsorship		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:	July 1, 2006		
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 provide guidelines for EHS MFR sponsorship.

2.0 Procedure:

- 2.1 MFR agency application for sponsorship and guidelines can be found at www.ehsmfr.ca or by contacting EHS MFR Services at (902) 832-8356.

- 2.2 Provide supporting documentation:

- a. Hazards
- b. Population base
- c. Major industry/Highways

- 2.3 Completed application form should be submitted to:

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

- 2.4 Applications shall be reviewed as per guidelines.
- 2.5 EHS MFR Services will communicate all applications to the EHS MFR Evaluation Committee and Strategic Advisory Committee.
- 2.6 EHS MFR Services shall forward a letter of acceptance or rejection to the MFR agency.
- 2.7 If accepted, the Chief/MFR Coordinator of the MFR agency will be required to sign for the acceptance of the EHS MFR equipment.



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 _____



Program Document No.: 12003.00		Subject: MFR Agency Approval		Type: Policy	
Effective Date:	June 4, 2004	Revision Date 01:	October 12, 2004		
Approval Date:	May 14, 2004	Revision Date 02:	December 16, 2008		
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 provide logistics and support for the new MFR agency.

2.0 Procedure:

- 2.1 EHS MFR Services will notify the MFR agency within five (5) business days of approval.
- 2.2 EHS MFR Services will procure the allotted equipment.
- 2.3 EHS MFR Services will arrange to have the equipment delivered to the sponsored agency and have the MFR agency sign the appropriate forms for equipment acceptance.
- 2.4 EHS MFR Services will provide re-ordering forms, PCRs, etc.
- 2.5 EHS MFR Services will set up a meeting with the local EHS Ground Ambulance Supervisor to meet the new MFR agency.
- 2.6 The new agency will complete and forward level of service response form as per Program Document No. 12002.00.



Program Document No.: 12004.00		Subject: MFR Guiding Principles		Type: Policy	
Effective Date:		June 4, 2004		Revision Date 01:	
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 identify key individual performance expectations associated with being a successful medical first responder.

2.0 Procedure:

- Think about safety! Use good judgment and make safety part of the equation.
- Maintain your registration with EHS Emergency Health Services. It is your responsibility to remain current and registered as a medical first responder.
- Provide the highest quality patient care possible within your scope of practice.
- Respond to EHS requests for service in a safe and efficient manner at all times. Every response should be approached as if it were a friend or family member in need.
- Wear the appropriate personal protective equipment.
- Complete EHS MFR Patient Care Record documentation and check for accuracy and legibility prior to submission.
- Help seek solutions for problems rather than simply identify them. Your input is essential to the success of this program.
- It is the medical first responder's individual responsibility to be aware of and comply with all policies and procedures, as well as registration requirements.
- It is the medical first responder's responsibility to wear his/her EHS MFR tag to identify themselves as part of the responding team.
- EHS paramedics and MFRs must work together as a team to provide safe and efficient pre-hospital care.



Program Document No.: 12005.00		Subject: MFR Accepting/Returning Equipment	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 12, 2006
Replaces:	None	Revision Date 04:	October 29, 2008
		Revision Date 05:	April 3, 2009
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:

1.0 To provide the sponsored agency and EHS Emergency Health Services a tracking procedure for the distribution and return of sponsored EHS MFR equipment.

Agency Name: _____

Quantity	Item	Serial #
1	A1000 trauma bag	
1	KED	
2	Backboards	
2	Head Blocks	
9	Backboard Straps	
2	Safety Vests	
1	O ₂ Regulator	
1	BP Cuff	
1	Stethoscope	
1	Scissors	
1	V-Vac Suction Starter Kit	
1	O ₂ Wrench	
1	HeartStart FRx – if applicable	

2.0 Procedure:

- 2.1 The Agency agrees, acknowledges, and confirms that:
- a) the above noted equipment is in good working condition;
 - b) the Agency is responsible for the operation and maintenance of the equipment;
 - c) the Agency will return to EHS all of the above mentioned equipment within ten (10) business days, once the Agency discontinues as an EHS MFR agency.

Accepting		Returning	
Agency Chief/Coordinator		Agency Chief/Coordinator	
EHS MFR Services		EHS MFR Services	



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		
		Revision Date 05:	August 11, 2011		
Signature of Director, EHS Provincial Programs: <i>original signed by Dawnelda Murray</i>			Signature of Senior Manager, EHS MFR Services: <i>original signed by Kathleen McNally</i>		

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).



EHS Registered Medical First Responders
APPROVED CONSUMABLES RE-ORDER FORM
FAX TO: (902) 832-8602

(PLEASE PRINT)

NAME OF AGENCY: _____

CONTACT PERSON: _____ **TELEPHONE:** _____

SHIPPING ADDRESS: _____

NOTE: To order **defibrillator pads**, please use the **Request for Return of Missing/Damaged Equipment form**.
HeartStart FRx pads should be ordered **two (2) weeks** prior to expiry.
LIFEPAK 500 pads should be returned to MFR Services for exchange **six (6) months** prior to expiry.

DESCRIPTION	UOM	QTY
Abdominal Pad, 5"x9" Sterile	20/Box	
Airways NPA, 12Fr	Each	
Airways NPA, 18Fr	Each	
Airways NPA, 24Fr	Each	
Airways NPA, 32Fr	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 (110mm)	Each	
Airways OPA, Pediatric	Each	
Alcohol Wipes	200/Box	
Band-aids	100/Box	
Burn Kit	Each	
BVM, Adult	Each	
BVM, Pediatric	Each	
Collar, Adult	Each	
Collar, Pediatric	Each	
Collar, Infant	Each	

DESCRIPTION	UOM	QTY
Corrugated Splint, S (White)	Each	
Corrugated Splint, M (Blue)	Each	
Corrugated Splint, L (Yellow)	Each	
Corrugated Splint, XL (Red)	Each	
Gauze Dressing, 4"x4" 8-Ply Sterile	50/Box	
Gauze, Conform, 4"x4.1" Sterile	12/Pkg	
Gloves, Small	100/Box	
Gloves, Medium	100/Box	
Gloves, Large	100/Box	
Gloves, X-Large	100/Box	
Lubricating Jelly, 3.5g	Each	
Nasal Cannula, Adult	Each	
Non-Sterile Bulk 4"x4"	200/Pkg	
OBS Kit	Each	
Oxygen Mask, Adult	Each	
Oxygen Mask, Pediatric	Each	
Saline, 0.9% NaCl Inj 1000ml	Each	
Tape, Transpore 1"x10 yd	12/Box	
Triangular Bandage, 40"x60" w/2	Each	
V-Vac Cartridge	Each	
Patient Care Report Forms	Pad	
Continuation Forms	Pad	

Signature of requester

Date

EHS MFR SERVICES USE ONLY	
Date order received	_____
Account #	_____
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: <i>original signed by Dawnelda Murray</i>			Signature of Senior Manager, EHS MFR Services: <i>original signed by Kathleen McNally</i>		

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) 832-8620

(PLEASE PRINT)

Name of Agency: _____

Contact Person: _____ Telephone: _____

Shipping Address: _____

Item	Available	Requested	Please include all details: date, time, location of call, and damage or failure
V-Vac Suction Handle	1		
Oxygen Regulator	1		
Backboard	1		
Backboard Straps	4		
Head Immobilizer Unit	1		
Head Immobilizer Straps Only	2		
Head Immobilizer Blocks Only	2		
Head Immobilizer Base Only	1		
KED	1		
Blood Pressure Cuff	1		
Stethoscope	1		
A1000 Airway Kit	1		
Safety Vest	1		
Oxygen Wrench	1		
Scissors	1		
* HeartStart FRx Defib Pads	1		
** LIFEPAK 500 Defib Pads	1		

* HeartStart FRx defib pads should be ordered two (2) weeks prior to expiry.

** LIFEPAK 500 pads should be returned to MFR Services for exchange six (6) months prior to expiry.

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:

EHS MFR Services use only

Date equipment sent: _____

Sent by: _____

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		
		Revision Date 09:	March 22, 2010		
		Revision Date 10:	June 23, 2010		
Signature of Director, EHS Provincial Programs: <i>original signed by Derek LeBlanc</i>			Signature of Manager, EHS MFR Services: <i>original signed by Robert Boudreau</i>		

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

Approved by: _____ Date: _____

Date processed to Finance: _____

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

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, 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.

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

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/PCR 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



Program Document No.: 12011.00		Subject: MFR Discontinuing as an Agency		Type: Policy	
Effective Date:	June 4, 2004	Revision Date 01:	October 12, 2004		
Approval Date:	May 14, 2004	Revision Date 02:	December 16, 2008		
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 provide a process whereby EHS equipment is returned upon an agency discontinuing as a MFR agency.

2.0 Procedure:

The MFR agency will notify EHS MFR Services in writing of their intent to withdraw from the EHS MFR program. Letters shall be written on official letterhead and signed by the Chief/Coordinator.

The MFR agency will notify the municipality of jurisdiction in writing.

- 2.1 The MFR agency will notify EHS MFR Services and the EHS Medical Communications Centre (refer to Program Document No. 12002.00).
- 2.2 EHS MFR Services will contact Chief/Coordinator to arrange a mutual time for the return of equipment and sign off.
- 2.3 EHS MFR Services shall notify the Asset Manager at the Public Safety Communications Services Program Office of DOTIR that the agency in question has discontinued provision of MFR Services. This notification shall be made via email to tmr@gov.ns.ca.

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: <i>original signed by Paula Poirier</i>			Signature of Senior Manager, EHS MFR Services: <i>original signed by Kathleen McNally</i>		
Signature of EHS Provincial Medical Director: <i>original signed by Dr. Andrew Travers</i>					

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.

Program Document No.: 12013.00		Subject: TMR Communications Between MFR Agencies and EHS MCC		Type: Policy	
Effective Date:	March 9, 2005	Revision Date 01:			
Approval Date:	March 9, 2005	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 This policy describes the protocols and manner of radio communications between MFR agencies in the field and the EHS Medical Communications Centre.

2.0 Definitions:

- 2.1 MFR - Medical First Responder(s)
- 2.2 EHS - Emergency Health Services
- 2.3 TMRS - Trunked Mobile Radio System
- 2.4 FRCO - First Response Communications Officer

3.0 Policy:

- 3.1 **General:** All radio communications with the EHS Medical Communications Centre will occur using the Trunked Mobile Radio System (TMRS) on the appropriate regional talkgroup (i.e. EHS-W, EHS-C, EHS-N, or EHS-E). These talkgroups will be monitored full-time at the EHS Medical Communications Centre FRCO console; therefore, no operations communications should occur on these talkgroups. These talkgroups are **not** monitored full-time by the volunteer MFR agencies.
 - 3.1.1 The call sign for the EHS Medical Communications Centre shall be “**Ambulance Dispatch**”.
 - 3.1.2 Each MFR agency shall use their Fire or Service name on the TMR when communicating with the EHS Medical Communications Centre.
 - 3.1.3 When initiating radio contact with another party, always state the call sign of the party being called first, followed by the call sign of the party making the call. (i.e. “*Ambulance Dispatch, this is Brookfield 306, over.*”)

PDN: 12013.00	Subject: TMR Communications between MFR Agencies and EHS MCC
Effective Date: March 9, 2005	Revised: Yes _____ No _____ (please check one)

3.2 **Appropriate information to communicate to EHS Medical Communications**

Centre: The FRCO monitors all four EHS MFR talkgroups, makes MFR notification decisions and handles many other tasks which can be time consuming. For these reasons, communications with the FRCO must be limited to essential information and all unnecessary traffic avoided.

- 3.2.1 When requested by your dispatcher to respond to a medical emergency, always acknowledge to your dispatcher that your agency is responding and confirm any additional information.
- 3.2.2 Establish contact with EHS Medical Communications Centre on the appropriate EHS regional talkgroup and acknowledge that your agency is responding. (i.e. *"Ambulance Dispatch, this is Brookfield 306. We are responding to the medical call at 123 Main Street, Brookfield."*) The FRCO may not immediately acknowledge the transmission as s/he may be busy with other traffic or tasks, however the radio transmission is recorded on the voice recorder and the FRCO can replay the transmission if necessary.
- 3.2.3 Should additional patient or location information be required, make a TMR call to EHS Medical Communications Centre and request the information.
- 3.2.4 When the responding agency arrives "on-scene", use the TMR stating *"Ambulance Dispatch", "Brookfield unit 306 is on scene."* There should be no further communication on this talkgroup from this incident until the responders are ready to provide any pertinent patient information.
- 3.2.5 After the scene and patient status are determined, a designated **Incident Commander or Incident Communications Officer** should voice call *"Ambulance Dispatch, this is Brookfield 301, over."* Wait for acknowledgement from the FRCO then provide the information to her/him as promptly and concisely as possible. (i.e. *"We have a three-vehicle collision on Highway 102. There are three casualties requiring transport, with one having a critical injury indicating air transport."*)
- 3.2.6 Vital information is only to be provided to the FRCO if there will be an impact on patient outcome or ambulance response. The FRCO will in turn relay any pertinent information to the responding ambulance crew(s).
- 3.2.7 There should be no other radio traffic with this incident on the EHS talkgroup unless initiated by the FRCO, or unless patient status changes substantially.

PDN: 12013.00	Subject: TMR Communications between MFR Agencies and EHS MCC
Effective Date: March 9, 2005	Revised: Yes _____ No _____ (please check one)

3.2.8 As patients are removed from the incident scene, the EHS ambulance crew(s) communicate with EHS Medical Communications Centre to advise of their status. There is no need for the MFR agency to provide similar redundant information to the EHS Medical Communications Centre or to their own dispatcher.

Program Document No.: 12014.00		Subject: Essential Competencies MFR		Type: Policy	
Effective Date:		October 17, 2005	Revision Date 01:		
Approval Date:		October 17, 2005	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 define the scope of practice for Medical First Responders registered with EHS Emergency Health Services, Nova Scotia Department of Health.

2.0 Procedure:

- 2.1 To ensure safe optimal patient care.

3.0 Definitions

- 3.1 Essential Competencies: These are the minimum knowledge, skills, and attributes that a person must possess to be registered as an EHS MFR.

4.0 References

- 4.1 2001 National Occupational Competency Profiles (NOCPs)

5.0 Legend

- 5.1 Competencies highlighted in **red** are “mandatory” knowledge and skills, approved by the Provincial Medical Director that must be reviewed to re-register as an EHS MFR.

Competencies highlighted in **green** are “optional” knowledge and skills, recommended to be reviewed.

	PDN:	Last Updated: October 25, 2005	Subject: Essential Competencies MFR
1.0	PROFESSIONAL RESPONSIBILITIES		
1.1.a	Maintain professional responsibilities at all times		
1.1.b	Maintain appropriate personal interaction with patients		
1.1.c	Maintain patient confidentiality		
1.1.d	Comply with scope of practice		
1.1.e	Recognize “patient rights” and the implications on the role of the provider		
1.1.f	Function within relevant legislation, policies and procedures		
1.1.g	Work collaboratively with other emergency response agencies		
1.1.h	Maintain knowledge of the Nova Scotia Emergency Health Service structure and policies relating to MFR		

2.0	COMMUNICATION		
2.1	Practice Effective Oral Communication Skills		
2.1.a	Deliver an organized, accurate and relevant patient history.		
2.1.b	Provide information to patient about their situation and how they will be treated		
2.1.c	Interact effectively with the patient, relatives and bystanders who are in stressful situations		
2.1.d	Speak in language appropriate to the listener		
2.2	Practice Effective Documentation Skills		
2.2.a	Record organized, accurate and relevant patient information		
2.3	Practice Effective Interpersonal Relations		
2.3.a	Treat others with respect		
2.3.b	Exhibit empathy and compassion while providing care		
2.3.c	Exhibit diplomacy, tact and discretion		

The MFR Program does not issue equipment based on Essential Competencies MFR Document

3.0	HEALTH AND SAFETY
3.1	Practice Safe Lifting and Moving Techniques
3.1.a	Transfer patient from various positions using applicable equipment and / or techniques
3.1.b	Transfer patient using emergency evacuation techniques
3.1.c	Secure patient safely to applicable equipment
3.1.d	Conduct basic extrication, if appropriate and safe
3.2	Create and Maintain a Safe Work Environment
3.2.a	Address potential occupational hazards
3.2.b	Assess scene for safety
3.2.c	Conduct procedures and operations consistent with Workplace Hazardous Materials Information System (WHMIS) and hazardous materials management requirements.
3.2.d	Practice infection control techniques

4.0	ASSESSMENT AND DIAGNOSTICS
4.1	Conduct Triage
4.1.a	Rapidly assess a scene based on the principles of a triage system
4.2	Obtain Patient History
4.2.a	Obtain chief complaint and / or incident history from patient, family members and / or bystanders
4.2.b	Obtain information regarding incident through accurate and complete scene assessment
4.2.c	Obtain information regarding patient's past medical history
4.2.d	Obtain list of patient's allergies
4.2.e	Obtain list of patient's medications
4.3	Conduct Physical Assessment Demonstrating Appropriate Use of Inspection, Palpation & Auscultation, with respect to ABCs
4.3.a	Conduct primary patient assessment with respect to ABCs
4.3.b	Conduct secondary patient assessment with respect to ABCs
4.3.c	Conduct ongoing assessments based on patient presentation with respect to ABCs
4.4	Assess Vital Signs
4.4.a	Assess pulse
4.4.b	Assess respiration

The MFR Program does not issue equipment based on Essential Competencies MFR Document

4.4.c	Measure blood pressure (BP) by auscultation
4.4.d	Measure BP by palpation
4.4.e	Assess skin condition
4.4.f	Assess pupils
4.4.g	Assess Level of Consciousness
5.0	THERAPEUTICS
5.1	Maintain Patency of Upper Airway and Trachea
5.1.a	Use manual manoeuvres and positioning to maintain airway patency
5.1.b	Suction oropharynx
5.1.c	Utilize oropharyngeal airway
5.1.d	Utilize nasopharyngeal airway
5.1.e	Remove airway foreign bodies (AFB)
5.2	Prepare Oxygen Delivery Devices
5.2.a	Recognize indications for oxygen administration
5.2.b	Take appropriate safety precautions
5.2.c	Recognize different types of oxygen delivery systems
5.2.d	Utilize portable oxygen delivery systems.
5.3	Deliver Oxygen and Administer Manual Ventilation
5.3.a	Administer oxygen using high concentration mask
5.3.b	Administer oxygen using pocket mask
5.4	Prepare Mechanical Ventilation Equipment
5.4.a	Provide oxygenation and ventilation using bag-valve-mask
5.5	Implement Measures to Maintain Hemodynamic Stability
5.5.a	Conduct cardiopulmonary resuscitation (CPR)
5.5.b	Control external hemorrhage through the use of direct pressure and patient positioning
5.5.c	Conduct automated external defibrillation

5.0	THERAPEUTICS cont'd
5.6	Provide Basic Care for Soft Tissue Injuries
5.6.a	Treat soft tissue injuries
5.6.b	Treat burn.
5.6.c	Treat eye injury
5.6.d	Treat penetration wound
5.6.e	Treat local cold injury
5.7	Immobilize Actual and Suspected Fractures

6.0	TRANSFER PATIENT TO AIR AMBULANCE
6.1.a	Create safe landing zone for rotary-wing aircraft
6.1.b	Safely approach stationary rotary-wing aircraft
6.1.c	Safely approach stationary fixed-wing aircraft



Program Document No.: 12015.00	Subject: MFR Re-registration	Type: Policy
Effective Date:	November 23, 2005	Revision Date 01: July 13, 2006
Approval Date:	November 23, 2005	Revision Date 02: September 27, 2006
Review Date:	February	Revision Date 03: January 2, 2008
Replaces:	None	Revision Date 04: March 6, 2008
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 provide the medical first responders with standardized re-registration and refresher training programs.

2.0 Procedure:

- 2.1 Medical first responders may complete MFR recertification training through one of the recognized Medical First Responder training agencies: St. John Ambulance or Canadian Red Cross. A medical first responder successfully completing recertification training by a recognized MFR training agency can make application for his/her new EHS MFR tag by completing the “*Medical First Responder Registration/ Re-registration Application*” form.

OR

- 2.2 Medical first responders may attend refresher training sessions authorized by EHS MFR Services and facilitated by EHS registered paramedics who are approved MFR volunteer facilitators. Within the three (3) year MFR registration period, a medical first responder must attend the six (6) mandatory refresher training sessions. The mandatory refresher training topics are identified in the 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 the “*Medical First Responder Registration/ Re-registration Application*” form.

- 2.2.1 EHS MFRs affiliated with Halifax Regional Fire & Emergency Service may attend in-house refresher training sessions as approved by the EHS Provincial Medical Director. Upon successful completion, supporting documentation of training (i.e. certificate of attendance) and registration form must be submitted prior to the expiration date on his/her current EHS MFR tag. All training must be provided by EHS approved Halifax Regional Fire & Emergency Service personnel.

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

All completed paperwork (including certificate copies) should be forwarded to:

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



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 Website: www.ehsmfr.ca



Medical First Responder Registration/Re-registration Application

PLEASE PRINT CLEARLY

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 NS POSTAL CODE _____

TEL: HOME _____ CELL _____ WORK _____

E-MAIL ADDRESS _____

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

TO VERIFY AFFILIATION WITH ABOVE EHS RESPONSE AGENCY (REQUIRED):

For Office Use Only

Date Rec'd: _____

Expiry Date: _____

Assigned Tag #: _____

Date Tag Sent: _____

SIGNATURE OF CHIEF

NAME OF CHIEF (PLEASE PRINT)

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

Please see EHS MFR Program Document Nos. 12008.00 & 12015.00 for Registration and Re-registration requirements.

For *Initial EHS MFR Registration*:

- Please attach a **copy** of your 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. Please attach a **copy** of your 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. 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.*)

Six mandatory refresher sessions: AED CPR Primary Survey Vital Signs Triage Airway Management

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.: 12016.00		Subject: Request to Stage	Type: Policy
Effective Date:	November 13, 2007	Revision Date 01:	December 16, 2008
Approval Date:	November 13, 2007	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>	
Signature of EHS Provincial Medical Director: <i>original signed by Dr. Andrew Travers</i>			

1.0 Purpose:

- 1.1 To provide a more safe environment for medical and other first responders when responding to “high-risk” calls.

2.0 Procedure:

- 2.1 The EHS Medical Communications Centre evaluates all calls to establish any indicators that require medical first responders to stage (stop, not approach, out of line of sight of the scene without driving by) away from the scene. If risk indicators are identified:
 - 2.1.1 The request for medical first response will be put on hold by the EHS Medical Communications Centre until the scene is deemed safe by the local police agency.
 - 2.1.2 Medical first responders already responding will be directed to stage away from the scene and await the arrival of a police presence to secure the scene before making patient contact(s).
- 2.2 The decision to stage is made with responder safety as the foremost consideration. When requested to stage, medical and other responders should not be within visual distance of the call location (scene).
- 2.3 Medical and other first responders should not proceed to the call location, even if the police are present.
- 2.4 Medical and other first responders should await direction from the EHS Medical Communications Centre or police on scene that the area has been secured and it is safe to enter.

2.5 Any medical or other first responder who feels there is a need to stage, but has not been directed to do so, shall:

2.5.1 Communicate their concerns via TMR to the EHS Medical Communications Centre;

2.5.2 Request that the police are notified to secure the scene;

2.5.3 Stage at a safe distance from the scene and await clearance to enter.



Program Document No.: 12017.00		Subject: Return of First Responders		Type: Policy	
Effective Date:	November 14, 2008	Revision Date 01:	June 23, 2010		
Approval Date:	November 14, 2008	Revision Date 02:			
Review Date:	February	Revision Date 03:			
Replaces:	None	Revision Date 04:			
Signature of Director, EHS Provincial Programs: <i>original signed by Derek LeBlanc</i>			Signature of Manager, EHS MFR Services: <i>original signed by Robert Boudreau</i>		
Signature of EHS Director of Field Operations: <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: 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*