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SECTION 1 – INTRODUCTION

It is the goal of the Saskatchewan Health Authority (SHA) to maintain and improve the standard of Pre-hospital Emergency Medical Services provided to all residents of the SHA. Assessment, planning, continuing education, implementation, evaluation and enhancement of the Medical First Responder (MFR) program can achieve part of this goal.

The volunteer MFR is a member of the Emergency Medical Services (EMS) system who has been trained to render first aid care for a patient and to assist ambulance personnel at the emergency scene within their scope of practice identified by the Saskatchewan Ministry of Health. MFRs are charged with the responsibility of serving the public in times of emergency. It is their solemn duty to render assistance whenever possible and to sustain life to the utmost of their ability.

Procedures, guidelines, policies and standard work documents have been established to protect the volunteer MFRs. These documents support the MFRs in their commitment to provide the best possible care to people in need.

*Any breach of these standards can result in disciplinary measures or dismissal from the MFR Program. Quality patient care and strict patient confidentiality must be maintained at all times.*

If a MFR has any questions or concerns about any aspect of the MFR Program please contact the Manager of Pre-hospital EMS or designate for the SHA.

*Note: ** At no time will the name “Saskatoon Health Region”, “Saskatoon Regional Health Authority”, or Saskatchewan Health Authority be used without expressed written permission. ***

SECTION 2 – MEDICAL FIRST RESPONDER ROLES AND RESPONSIBILITIES

The MFR program has been designed to assist rural communities in expeditious response of qualified emergency personnel for the citizens of their community in the event of an emergency. Volunteer MFR’s provide early emergency care within their service area by providing lifesaving skills as per their training. The MFR program is supported by SHA and Local EMS Services. A list of EMS Services can be found in Appendix A.

MFRs will:

- Maintain active MFR registration status with SHA.
- Compliance with the Ministry of Health Guidelines for the Treatment of Emergent and Non-Emergent Patients in the Pre-hospital Setting Protocol manual:
  - [https://www.collegeofparamedics.sk.ca/Web/Files/Protocols/September%202014%20Protocol%20Manualv1.pdf](https://www.collegeofparamedics.sk.ca/Web/Files/Protocols/September%202014%20Protocol%20Manualv1.pdf)
Always ensure Medavie Communications is aware they are on a call. See Section 5 – Responding to a Call.

Maintain up to date and accurate personal contact information (i.e. address and phone number) with their Local MFR group, Medavie Communications and Pre-hospital EMS.

Provide assessment and treatment in a professional and courteous manner to the ill or injured person consistent with the Medical First Responder training at the direction of SHA Manager of Pre-hospital EMS or designate and Local EMS.

Maintain strict confidentiality of patients at all times.

Will not respond to calls under the influence of alcohol or drugs.

Drive with extreme caution and abide by all traffic laws when responding to an emergency call.

Photo ID tags must be worn and visible when responding to a call.

Maintain necessary continuing education/re-certification required by the SHA.

Ensure readiness of MFR medical equipment on a consistent basis:
  - Maintain equipment as per the recommended equipment list (Appendix B).
  - Store equipment in a climatically controlled environment, accessible at all times and known by all team members.
  - Check medical equipment on a regular basis and sign off that the equipment is present and in good working order.
  - Complete regular checks of Automated External Defibrillator to ensure unit is problem free and all supplies (pads, leads, razor, cloth, spare battery - if indicated) are present as per manufacturer and Saskatchewan Ministry of Health guidelines.
  - If there is a defect with equipment, contact the manufacturer and replace as per normal process. If this equipment defect resulted in a problem with patient care, call the Regional Safety Alert System at 306-655-1600.
  - Report any problems or concerns regarding equipment to the Local EMS service or the Manager of Pre-Hospital EMS or designate as soon as possible.

Report all patient or volunteer safety incident or issues to the Regional Safety Alert System at 1-306-655-1600.

SHA is not responsible for:

- Costs incurred while responding to calls.
- Costs incurred for unapproved expenses for conference and/or course attendance.
SECTION 3 – LOCAL MEDICAL FIRST RESPONDER GROUP GUIDELINES

Objectives
The objectives of the Volunteer MFR Group are:

- This MFR Group shall be governed under the framework outlined by SHA.
- MFR Groups must be approved by SHA.
- To be a self-governing body who reports to SHA.
- Support the activities of the MFRs such as patient care, administrative responsibilities, equipment management, and training supports.
- Liaison with local communities and EMS ambulance services.

Membership
- MFRs must be 18 year of age and over.
- Maintain active MFR registration status with SHA
- Must maintain membership with an SHA approved MFR group.

Medical First Responder Group Roles
When volunteer support is available, the volunteer MFR groups may consist of a Lead, Co-Lead, Secretary, Treasurer and other volunteer members.

SHA recognizes that all groups have unique membership and the roles may vary from group to group.

The MFR roles exist to uphold the rules and regulations outlined in this document. Compliance with the policies and procedures of the SHA and the registration process outlined by the Saskatchewan Ministry of Health are required.

The local MFR Group and all team members are responsible for electing a representative from their group to be the MFR Team Lead, Co-Lead and Secretary/Treasurer and other Members as needed.

All Team members elected to the MFR Executive roles will serve a two (2) year term.
- Once their term has expired the group will vote to elect the new position.
- Team members can serve consecutive terms if elected.

Voting for the Local MFR Groups shall be by ballot.
- All members of the MFR Group are able to attend the MFR Group meetings and vote on decision items.
- All votes are weighed equally.

Roles and Responsibilities can be found in Appendix D.
Meetings- Local Medical First Responder Group

All Groups shall hold regularly scheduled meetings. These meetings may be called by the Team Lead and/or Co-Lead as he/she considers necessary.

- Meeting agendas must be circulated to all team members prior to the meeting.
- Minutes must be taken at all meetings and made available to all team members, community members and the SHA upon request.

An Annual General Meeting (AGM) is required.

- Notice of the AGM shall be given to all team members, in writing, at least 30 days prior to the scheduled date.

All MFR members are invited to attend all team meetings.

In specific cases members from the public may be invited to attend a meeting.

- If a vote is required at a meeting where a member(s) of the public is present, this person(s) must leave the meeting prior to the vote.

Quorum is defined as the majority of the members. In the case of local MFR groups, Quorum requires a minimum of two members with group roles must be present.

- Quorum may mean the majority of the members of the Volunteer MFR Local Group or the majority of the members present at the voting event.

SHA holds quarterly MFR committee meetings.

- The SHA MFR Committee will be led by a chair and co-chair who are appointed representatives on a 2 year term.
- Local MFR Lead and Co-Lead (or designates) are expected to attend the SHA MFR Committee meetings. All MFRs may attend the quarterly meetings.
- The Member(s) who attend the meetings are responsible to communicate the information provided back to MFR group members.
- The SHA MFR Committee will discuss items that are of concern to Local MFR groups.
- The SHA MFR committee will discuss the MFR program on an ongoing basis, recommending changes as appropriate.

Financials

MFR groups are responsible for managing their own finances.

The Secretary/Treasurer is responsible to provide updated financial statements at the AGM and maintain appropriate documentation of finances.

- In the event of an audit request, the MFR group is required to provide appropriate documentation.
When external donations are received the group is responsible to report back to the donator and identify how the funds have been allocated.

The Lead, Co-Lead and Secretary/Treasurer will have signing authority. Two signatures shall be required on all cheques.

SECTION 4 – HOW TO BECOME A MEDICAL FIRST RESPONDER

Email shrprehospitalems@saskatoonhealthregion.ca to find out who the MFR Lead is in your community, and determine if there is a need in your community. This will be approved by either the group lead and if needed the manager of Pre-hospital EMS.

Complete and submit the following documents to the SHA:

- Online Pre-employment Certificate
  https://www.saskatoonhealthregion.ca/joinourteam/Career-Opportunities/Pages/New-Hire-Requirements.aspx
- MFR application form
- The Position Description Form
- The SHA Confidentiality Agreement
- A Criminal Records and Vulnerable Sector Check
- Current CPR-C/AED card
- All forms listed above can be found at
  https://www.saskatoonhealthregion.ca/locations_services/Services/Pre-Hospital-Emergency/Pages/SHR-Volunteer-Medical-First-Responders-.aspx

Once application forms have been received, a member from Pre-hospital EMS will contact applicants and inform of next steps.

MFRs will be provided with a 44 hour training course to build skills and an understanding of processes and obligations. Course dates and locations will be made available based on community needs.

- The Red Cross First Aid Responder Program requires current CPR status (healthcare provider level C or equivalent) to register for a course.

Once training has been completed, successful applicants will be provided with a Ministry of Health First Responder Number and be dispatched to calls in their geographic/team area.
SECTION 5 – EMS ORGANIZATIONAL STRUCTURE

SHA Manager of Pre-hospital EMS or Designate Responsibilities

- Provide program direction to the MFR program.
- Implement the recommended and approved changes to the MFR program.
- Facilitate the continuing education for the MFR groups.
- Coordinate MFR recruitment and retention.
- Facilitate MFR licensure acquisition and maintenance with the Saskatchewan Ministry of Health
- Manage operational issues as they occur.
- Liaison with the Saskatchewan Ministry of Health.
- Facilitate concern escalation process: MFR Team Member → MFR Team Lead → Manager of Pre-hospital EMS → Director responsible for Pre-hospital EMS.
- Each MFR group is expected to establish and maintain a positive working relationship with their local EMS ambulance service.
- SHA will provide each MFR group with an initial equipment kit.

Local EMS Ambulance Service Responsibilities

- Make available disposable medical supplies and replacement oxygen.
- Liaison with local MFR groups, answering questions and providing support as needed.
- Receive documentation (PCR’s – all 3 copies: white copy EMS ambulance service, canary copy Hospital, Pink – Pre-hospital EMS) from the MFR and send into the Manager of Pre-hospital EMS or designate.

Local MFR Groups Responsibilities

- Actively fundraise for any additional equipment that the group wishes to purchase in consultation with the local EMS ambulance service, when needed. For example when purchasing an automated external defibrillator (AED) please contact your local ambulance service to ensure the AED is compatible with the EMS ambulance service cardiac monitor.
- Maintain equipment as per recommended list (Appendix B).
- Maintain equipment as per manufacturer recommendations.
- Store equipment in a climatically controlled environment, accessible at all times in a location known by all team members.
• Check medical equipment on a regular basis and sign off as being present and in good working condition.
• All equipment needs to be checked monthly and equipment must be restocked after every call.
• To complete regular checks of Automated External Defibrillator (AED) to ensure unit is problem free and all supplies (pads, leads, razor, cloth, spare battery (if indicated)) are present as per Saskatchewan Health guidelines. Document on Appendix B as being present and in good working order.
• In addition to the responsibilities outlined in section 2 - report any problems or concerns regarding equipment to the Local EMS ambulance service, the Manager of Pre-hospital EMS or designate as soon as possible.
• Maintain an up to date knowledge of Saskatchewan Health Authority policy and procedures.
• Maintain compliance with all safety alert notifications as they arise.
• Liaise with the SHA Manager of Pre-hospital EMS or designate on any local MFR or community issues as they arise, that pertain to EMS or their local MFR group.
• Ensure effective communication with local members and Medavie Communications center when dispatched on an EMS call.
• Restocking and purchasing of replacement supplies is a responsibility of the MFR Group.
  o Local EMS Ambulance Services will replace disposable medical supplies, including biohazard sharp containers and oxygen.

Ensure that you notify the Manager of Pre-hospital EMS or designate of any changes of contact information via email: shrprehospitalems@saskatoonhealthregion.ca

SECTION 6 – RESPONDING TO A CALL

Medavie Communications Dispatch Procedures:
Safety
It is the responsibility of each individual MFR to ensure they are substance free when responding to MFR calls. Many aspects of attending a call require alertness, and accurate and quick reflexes. Impairment to these qualities can cause serious accidents, and interfere with the accuracy and efficiency of work. There is zero tolerance for consumption of alcohol and/or other substance abuse during a MFR call and is punishable. Responding to MFR calls when alcohol or drugs have been used could result in termination of MFR status.

Process
When a 911 call is received by one of the three provincial Emergency Medical Services (EMS) Communications Centers and it is determined that a MFR is required, Medavie Communications Dispatch will notify MFRs using the following procedure:
• Medavie Communications Dispatch will contact and request the MFR to respond utilizing the Autodialer system in cases of medical emergencies or serious injury occurring in their area. This will be done via text, and then phone call. Instructions for Autodialer usage can be found in Appendix F.
• The Medavie Communications Dispatcher will not activate MFRs in the following circumstances:
  o Any violent situations i.e. shooting/stabbing/assault where the scene is not secured by police.
  o Any potentially sensitive situation where there is no life threat i.e. sexual assault.
o Calls where the patient has refused the assistance of MFRs.

When a call has not been received by 911 and the MFR receives a call directly from someone in their area who is requesting medical assistance or the MFR is the first person on a scene, and 911 has not been contacted, the MFR will first call the EMS Communications @ 310-5000 before responding to the call. MFRs work in conjunction with Medavie Communications and EMS Ambulance Services to ensure that appropriate resources are on route. The MFR should ensure that the following information is available when placing a call for additional resources:

1) Where has the incident happened, specific directions if possible, and land location.
2) Telephone number they can be reached (scene or cellular).
3) What has happened? Give details, including name if known.

If the patient/bystander has already called 911 it is still the MFR’s responsibility to ensure Medavie Communications is aware that the MFR is on route/on scene. It is imperative for the MFR to notify Medavie Communications of the MFR’s attendance on scene to ensure their safety as well as to ensure the MFR liability insurance coverage.

- Medavie Communications may also need to call the scene for additional information.

When responding to a call in a private vehicle, the MFR will do so in a safe and courteous manner, while obeying all traffic laws.

Arrival on scene

Upon Arrival on the scene the MFR will:

- Call 310-5000 upon arrival.
- Assess the scene for hazards and personal safety.
- Identify themselves as a MFR and work cooperatively with other agencies; e.g. RCMP / FIRE to provide immediate care to the patient.
- Assess the patient(s) and determine the number of patients.
- Provide all the immediate lifesaving care within the MFR Scope of Practice; as per the Ministry of Health Guidelines for the Treatment of Emergent and Non-Emergent Patients in the Pre-hospital Setting Protocol located in Appendix C.
- If required, the MFR will call back to Medavie Communications at 310-5000 with an update on the present situation and to receive further directions and assistance with treatment that may be required.
- Move a patient from the initial scene **only if:**
  - Further danger exists for the MFR or for the patient (e.g. fire).
  - Medavie Communications informs the responder to move the patient.

Patient care will be provided within the scope of practice of an MFR as identified by SCoP.

*Any care rendered outside of the MFR scope of practice may place the MFR in a serious medical liability situation.*
Awaiting an Ambulance

- Gather the patient’s identification, health and hospital cards, and all present medications.
- Prepare the family for arrival of the EMS team, what to expect, and ensure the family is ready to go if accompanying the patient in the ambulance. It may or may not be appropriate for the family to accompany the patient; this decision is at the discretion of the EMS team.
- Gather any required personal belongings that the patient needs to take to the health facility.
- Clear the area for the ambulance to arrive:
  - Remove personal and private vehicles blocking access to the house.
  - Move any furniture so the stretcher can be brought in.
  - Clear snow from steps.
  - Put family pets away.
  - Turn on the front light so the house is visible.
- Have a family member watch for the ambulance from the window and then flash the outside light on and off as the ambulance approaches.
- If in a rural location and the house is not visible from the road, send another family member (when available) to meet the ambulance at the end of the driveway, turnoff or highway and turn on your hazard lights.
- Prepare a written report, utilizing the SHA MFR Patient Care Report Form. See Appendix E.

Arrival of Ambulance

When the ambulance arrives the MFR will:

- Identify themselves as a MFR.
- Provide a verbal report to the EMS team.
- Submit a written PCR report to the EMS team.
- Provide assistance to EMS team as requested.

MFRs will not accompany patients unless requested by the EMS team.

Report any incident of bodily fluid exposure or First Responder injury to the Incident Report Line immediately (Rural: 306-655-0820) or (Urban: 1-866-966-0820) and to Manager of Pre-hospital EMS or designate.

Disaster Response

- In the event of a disaster response Medavie Communications Center will initiate the MFR Group via the Autodialer.
- Depending on the type of response, the MFR may be dispatched to the disaster scene, a health care facility, or another site to provide medical care.
  - MFRs will be notified of the appropriate locations where to respond by Medavie Communications.
- MFRs are encouraged to attend any mock training scenarios or exercises to practice in their area.
SECTION 7 – PATIENT CARE REPORT FORMS

All SHA MFR Groups will document all calls on the MFR Patient Care Report (PCR) Form. The provided information on the form allows SHA to ensure the quality of the response and gather statistical data for program evaluation. A sample of the PCR form can be found in Appendix E.

Procedure:
1. A PCR will be completed for all calls where patient contact is made, including whether the MFR is cancelled after contact.
2. The PCR will be signed by all MFRs who have rendered care.
3. The PCR is a triplicate form; at no time will the forms be copied.
4. All copies of the PCR are given to the receiving EMS Ambulance Service.
5. If a PCR has not been started or completed it is to be given to the EMS Ambulance Service. If the FR requires additional time to complete the PCR, the PCR must be completed within 24 hours and submitted to your EMS Ambulance Service.

SECTION 8 – CONFIDENTIALITY

It is the responsibility of all MFRs to maintain strict patient confidentiality. At no time will any aspects of a response including situation details, patient’s name, medical condition or information regarding operations and administration of the SHA be communicated to any unauthorized person or member of the media or public.

The SHA requires all MFRs to complete and sign a Confidentiality Agreement:
https://www.saskatoonhealthregion.ca/patients/Documents/Privacy/ConfidentialityAgreement.pdf

A current copy of the Confidentiality Agreement will be stored in the MFR’s volunteer file.

Confidentiality Policy and Procedures can be found at https://www.saskatoonhealthregion.ca/about/RWPolicies/7311-75-003.pdf.

MFRs will refer all requests for information by the media to the Manager of Pre-hospital EMS or designate for the SHA. MFRs that have been found to have violated their Confidentiality Agreement may be dismissed from the MFR Program.

- Current and accurate contact information is required to ensure 911 calls are not dispatched to Non-MFRs.
- Any breach of privacy must be reported in writing immediately to the SHA Manager of Pre-hospital EMS or designate.
SECTION 9 – PUBLIC AWARENESS, SOCIAL MEDIA AND FUNDRAISING

Public Awareness

All MFRs are encouraged to participate with their EMS service in public awareness activities. It is important that communities are aware of the MFR program and its related activities. All communications/publications presented to communities with respect to the MFR Program will be approved in writing in advance by the Manager of Pre-hospital EMS. Social Media is defined as all forms of user-generated content created or exchanged online.

SHA supports the value of using social media to exchange ideas and build meaningful relationships to improve health and health care delivery.

- Personal, private, confidential or internal information about staff, patients, clients, and residents as obtained as part of a relationship with SHA must never be discussed on social media.
- SHA Staff/volunteers must receive authorization from a director/manager to represent SHA on social media platforms for business purposes, (for example the SHA MFR Facebook page). SHA Social Media Policy: https://sharepoint.ehealthsask.ca/sites/saskhealthauthority/policies/_layouts/15/WopiFrame.aspx?sourceDoc={B3CB3DF0-F3EA-4EC2-A629-27AA3938D0D9}&file=SHA-04-001.pdf&action=default

Fundraising

Fundraising may be done through the MFR Group, community or rural municipality. All transactions by each MFR Group must be documented and all records maintained.

- A yearly assessment of finances, including all fundraising and expenses will be kept by the MFR group and must be available upon request. If financial donations are received the MFR Group is obligated to report purchases made back to the donor(s).

SECTION 10 – CRITICAL INCIDENT STRESS MANAGEMENT

CRITICAL INCIDENT STRESS MANAGEMENT

Critical Incidents

A critical incident is any situation faced by people that causes unusually strong emotional reactions that have the potential to interfere with their ability to function. May also be correlated to symptoms of Post-Traumatic Stress Disorder. (Morneau Shepell, 2016).

Potential cause of critical incident stress:
• Death of a co-worker, deaths under unusual circumstances.
• Major incidents with multiple casualties, accidents, natural disasters, and acts of terrorism.
• Threatening situations – hostage takings, bomb threats, severe weather.
• Incident with significant media attention.
• Unusual incidents extending over a long period of time – job action, storms.

Defusing
During the period immediately following a traumatic incident, employees are often in a state of shock and may need some time before they are prepared to talk about their reactions. If immediate site response is requested the major focus of the discussion will be to provide information regarding what people may experience of the next several days and self-care suggestions (Morneau Shepell, 2016).

Debriefing
Should occur 24 – 72 hours after the occurrence of a traumatic incident, but timelines may vary based on the event itself. Debriefings give people the opportunity to share their reactions, and typically last 1.5 hours to 2 hours. This allows for mutual support and helps people to realize their experiences are normal reactions to an abnormal event. Self-care options and coping skills are provided (Morneau Shepell, 2016).

MFRs requesting Critical Incident Stress Debriefing need to call the Manager of Pre-hospital EMS at 306-231-3457 to have a session arranged.
After business hours please call the Manager on call @ 306-231-6814.
## Appendix A - List of EMS Services

<table>
<thead>
<tr>
<th>EMS SERVICES</th>
<th>CONTACT</th>
<th>FIRST RESPONDER LOCATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humboldt</td>
<td>682-5556</td>
<td>Annaheim, Bruno, Three Lakes (Pilger, Lake Lenore, Middle Lake)</td>
</tr>
<tr>
<td>Lanigan</td>
<td>365-3288</td>
<td>Jansen, Drake, Viscount</td>
</tr>
<tr>
<td>Leroy</td>
<td>286-3301</td>
<td>Leroy</td>
</tr>
<tr>
<td>Rosthern</td>
<td>232-5678</td>
<td>Hague, Hepburn, Waldheim, Osler, Laird</td>
</tr>
<tr>
<td>Saskatoon (MD Ambulance)</td>
<td>975-8827</td>
<td>Aberdeen, Allan, Asquith, Bradwell, Beaver Creek, Borden, Clavet, Colonsay, Dalmeny, Delisle, Dundurn, Elstow, Grandora, Hanley, Hague, Hepburn Langham, Meacham, Martensville, Osler, Pike Lake, Prud’homme, Radisson, St. Denis, Vanscoy, Vonda, Warman, Whitecap,</td>
</tr>
<tr>
<td>Strasbourg</td>
<td>725-4114</td>
<td>Duval, Govan, Semens, Nokomis</td>
</tr>
<tr>
<td>Wadena (Shamrock Ambulance)</td>
<td>554-3882</td>
<td>Wadena</td>
</tr>
<tr>
<td>Wakaw</td>
<td>233-4308</td>
<td>Bellevue, Cudworth, Domremy, Prudhomme, Wakaw,</td>
</tr>
<tr>
<td>Watrous</td>
<td>946-1214</td>
<td>Manitou Beach, Young, Watrous</td>
</tr>
<tr>
<td>Watson (Quill Plains Ambulance)</td>
<td>287-4202</td>
<td>Quill Lake</td>
</tr>
<tr>
<td>Wynyard (Midway Ambulance)</td>
<td>554-3882</td>
<td>Wynyard</td>
</tr>
</tbody>
</table>
All equipment will be inspected to ensure that it is in good working condition.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Inspector Initials &amp; Expiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft Case for Supplies</td>
<td></td>
</tr>
<tr>
<td>Oxygen Tank (PSI)</td>
<td></td>
</tr>
<tr>
<td>Oxygen Regulator</td>
<td></td>
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<tr>
<td>Oxygen Key</td>
<td></td>
</tr>
<tr>
<td>2 Adult Non re-breather masks</td>
<td></td>
</tr>
<tr>
<td>2 Adult Nasal Cannulas</td>
<td></td>
</tr>
<tr>
<td>1 Oxygen Tubing &amp; Adapter</td>
<td></td>
</tr>
<tr>
<td>1 Pediatric O2 Mask</td>
<td></td>
</tr>
<tr>
<td>1 Handheld Suction Device with Collection</td>
<td></td>
</tr>
<tr>
<td>Container</td>
<td></td>
</tr>
<tr>
<td>6 Oral Airways</td>
<td></td>
</tr>
<tr>
<td>1 Stethoscope</td>
<td></td>
</tr>
<tr>
<td>1 Adult BP Cuff</td>
<td></td>
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<tr>
<td>1 Pen Light</td>
<td></td>
</tr>
<tr>
<td>1 Pocket Mask with One Way Valve</td>
<td></td>
</tr>
<tr>
<td>2 Trauma Dressings (10X30)*</td>
<td></td>
</tr>
<tr>
<td>6 Triangular Bandages</td>
<td></td>
</tr>
<tr>
<td>4 Sterile Eye Pads</td>
<td></td>
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<tr>
<td>4 Abdominal Pads</td>
<td></td>
</tr>
<tr>
<td>2 Pressure Dressings*</td>
<td></td>
</tr>
<tr>
<td>20 Sterile 4X4 Dressings</td>
<td></td>
</tr>
<tr>
<td>4 Kling Wrap (2-4”, 2-6”)</td>
<td></td>
</tr>
<tr>
<td>20 Non-Sterile 3X3 or 2X2 Dressings</td>
<td></td>
</tr>
<tr>
<td>10 Band-Aids</td>
<td></td>
</tr>
<tr>
<td>2-1” Tape</td>
<td></td>
</tr>
<tr>
<td>1 Burn Sheet</td>
<td></td>
</tr>
<tr>
<td>1 – 1L Bottle or Bag of Normal Saline</td>
<td></td>
</tr>
<tr>
<td><em>check expiry</em></td>
<td></td>
</tr>
<tr>
<td>10 Alcohol Swabs</td>
<td>* check expiry*</td>
</tr>
<tr>
<td>ASA – 8 (81mg)</td>
<td><em>check expiry</em></td>
</tr>
<tr>
<td>2 Instant Glucose</td>
<td><em>check expiry</em></td>
</tr>
</tbody>
</table>
### Obstetrical Kit

- 1 Obstetrical Kit *check expiry*
- Cervical Collars – Adult Multi-fit
- 2 Pediatric sizes
- 1 Emergency Blanket
- 1 Flashlight
- 1 Box of Non-Sterile Gloves
- N-95 Respirator (each responder should carry their own fitted respirator)
- 2 PPE Kits (Gown, Gloves, Safety Glasses)
- 2 Cold Packs
- 2 Hot Packs
- 1 Pair of Trauma Shears
- 2 SAM Splints
- 1 Small Bottle of Hand Sanitizer
- 1 Small Sharps Container

*If unable to stock with pressure dressings and trauma dressings, use extra abdominal pads and rolls of kling.

### Optional Equipment:

A first Responder Group may choose to purchase additional equipment. All additional equipment will be inspected to ensure that it is in good working condition. All optional equipment will be listed below.

<table>
<thead>
<tr>
<th>Optional Equipment</th>
<th>Inspector Initials &amp; Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>KED</td>
<td></td>
</tr>
<tr>
<td>Long Spine Board</td>
<td></td>
</tr>
<tr>
<td>Spine Board Straps</td>
<td></td>
</tr>
<tr>
<td>AED</td>
<td></td>
</tr>
<tr>
<td>AED Adult Defibrillation Pads</td>
<td><em>check expiry</em></td>
</tr>
<tr>
<td>AED Pediatric Defibrillation Pads</td>
<td><em>check expiry</em></td>
</tr>
<tr>
<td>B-Splints</td>
<td></td>
</tr>
<tr>
<td>Head Immobilizer</td>
<td></td>
</tr>
<tr>
<td>Blood Glucometer &amp; Lancets</td>
<td></td>
</tr>
<tr>
<td>Glucometer Testing Strips</td>
<td><em>check expiry</em></td>
</tr>
<tr>
<td>Oxygen Saturation Monitor</td>
<td></td>
</tr>
<tr>
<td>EpiPen Auto Injector</td>
<td><em>check expiry</em></td>
</tr>
</tbody>
</table>
Medical First Responder Scope of Practice 2018

Disclaimer

This document can only be guaranteed as current at the time of printing. For further information refer to the Saskatchewan College of Paramedics at https://www.collegeofparamedics.sk.ca/Web/Files/Protocols/September%202014%20Protocol%20Manual1.pdf

***Any questions or concerns regarding scope can be directed to the Ministry of Health***

Medical First Responders must have completed approved education on skills, protocols or medications prior to being authorized to deliver any Ministry of Health approved Saskatchewan Emergency Treatment Protocols.

This material was adapted by the former Saskatoon Health Region, now part of the Saskatchewan Health Authority. This material may not be suitable for other agencies and we make no warranties or representations regarding this information. Each agency is urged to update and modify this information for its own use. ©

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Last Update 2018-06-26
Medical First Responder Scope of Practice 2018

<table>
<thead>
<tr>
<th>Procedures &amp; Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor Vital Signs</td>
<td>Glucose Monitoring</td>
</tr>
<tr>
<td>Oxygen</td>
<td>SaO2 Monitoring</td>
</tr>
<tr>
<td>Oropharyngeal Airway</td>
<td>AED</td>
</tr>
<tr>
<td>Oropharyngeal Suction</td>
<td>Spinal Immobilization</td>
</tr>
<tr>
<td>CPR</td>
<td>Administration Patient’s Own Nitroglycerin</td>
</tr>
<tr>
<td>Fracture Immobilization – non-traction</td>
<td>Administration Patient’s Own ASA</td>
</tr>
<tr>
<td>Epi-Pen</td>
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</tbody>
</table>

Last Update 2018-06-26
Appendix D  MFR Board of Directors Roles and Responsibilities

Responsibilities of Board of Directors

Team Lead

- Adhere to policies and procedures of SHA and internal local MFR group manuals
- Present at all general meetings of the Board of Directors
- Administer meetings
- Act as a liaison between the First Responder group and the Manger of Pre-Hospital EMS or designate for SHA
- Attend SHA MFR Committee Meetings
- The Team Lead shall preside at all general meetings of the MFR group
- The Team Lead will ensure that their groups MFR kits are fully stored and in good working order by conducting regular inspections.
- The Team Lead will track and mandate training of all FR team members
- The Team Lead will Coordinate and liaise internal training.
- The Team Lead will act as the liaison between the Regional municipality, Fire, RCMP and other External groups.
- The Team lead is the touch point for all public inquiries.
- The Team Lead is responsible for paperwork and new applications ensuring documents are complete and signed off before submission to SHA.
- Coordinate certification requirements and documentation for each of its members.

Co-Lead

- Shall perform the duties of the Team Lead in his/her absence or inability to act as delegated.
- Circulate the meeting agendas one week prior to the meeting.

Support Person

- Report to the local First Responder group lead.
- Maintain a current driver’s license if needed.
- Assist in the delivery of health services in their community and in the region (including the responsibility to be a positive role model and to ensure respect for all).
- Respond to calls for assistance when available, providing support to First Responders. This may include driving to a call and assistance in carrying equipment.
- Maintain privacy and confidentiality in regards to the patients. See Section 8.
- Each First Responder group is responsible for identifying the need of a support person.
Secretary / Treasurer

- All matters pertaining to the MFR group finances come under the direct responsibility of the Secretary/ Treasurer.
- The Secretary / Treasurer shall be responsible for financial records and cash flow transactions, and will report at each meeting on the finances of the MFR Team.
- Signing Authorities of the MFR Teams shall be the Team Lead, Co-Lead and Secretary Treasurer. Two signatures are required for financial transactions.
- A yearly financial report will be created and upon request will be submitted to the SHA Manager of Pre-hospital EMS or designate.
- All records maintained as per accepted accounting principles.
- The Secretary / Treasurer will be responsible for distributing meeting minutes to team members.
## PATIENT CARE REPORT

**SHA Medical First Responder Manual**

Date: (dd/mm/yyyy)  First Responder Group:  
Time of Dispatch (24 Hr):  
Incident Address / Location:  
EMS Service Name / CP# (For EMS use only):  

<table>
<thead>
<tr>
<th>Patient’s Name (Last / First)</th>
<th>Date of Birth (dd/mm/yyyy)</th>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Health Card No.:</th>
<th>Date of Birth:</th>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
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<thead>
<tr>
<th>Next of Kin / Guardian:</th>
<th>Relationship:</th>
<th>Phone No.:</th>
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<thead>
<tr>
<th>Refusal of Service (Print Name):</th>
<th>Signature:</th>
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</tbody>
</table>

## Chief Complaint:
- Mechanism of Injury:  
- Head:  
- Neck:  
- Chest:  
- Abdomen:  
- Pelvis:  
- Extremities:  

## SIGNS & SYMPTOMS

<table>
<thead>
<tr>
<th>Time (24 Hr)</th>
<th>LOC</th>
<th>Pupil-Size</th>
<th>Respiratory Rate (%)</th>
<th>Blood Pressure</th>
<th>L</th>
<th>Pupils</th>
<th>R</th>
<th>Skin - Temp / Moisture / Colour</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Unreliable</td>
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<td></td>
<td>Unreliable</td>
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</tbody>
</table>

### Respiratory
- **Airway Obstruction**
- **Respiratory Distress**
- **Respiratory Arrest**
- **Shortness of Breath**

### Cardiac
- **Cardiac Arrest**
- **Chest Pain**
- **Pallor**
- **Sweating**

### Gastrointestinal / Urinary
- **Abdominal Pain**
- **Blood in Stools**
- **Bleeding**
- **Diabetes**
- **Nausea**
- **Urinary Frequency**
- **Vomiting**

### Trauma
- **Amputation**
- **Blinding / Hemorrhage**
- **Burns**
- **Fracture / Dislocation**
- **Head Injury**
- **Soft Tissue Injury**
- **Spinal Injury**
- **Spinal Trauma**
- **Trauma - Blunt**
- **Trauma - Penetrating**
- **Trauma - Major**

### Medications - Current
- **Collected**
- **See List**
- **None**

### Allergies
- **None**
- **Drug Hx:**
- **Critical Alert**
- **Other:**

### Stroke Alert
- **Face Droop**
- **Arm Weakness**
- **Time**

### Blood Glucose:
- **_______ mmol/L**

### Blood Strength:
- **Grip Strength**
  - **Strong**
  - **Weak**
  - **Unsure**
## Medical First Responder Manual

### Last Intakes
- Time (24 Hr): 
- O: N/A

### Ions:
- Provocation: 
- Quality: 

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Severity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

### Time (24 Hr): 
- Nasal Cannula 1 – 4 LPM
- Non-Rebreather 10 – 15 LPM
- Pocket Mask 6-8 LPM

### Comments: 
- 

### First Responder Signature: 

### Pre-hospital EMS Form #0156999  JRVY  OCT-2015 *All Copies to EMS: Part 1 (White-Red with EMS PCR)  Part 2 (County/Receiving Hospital)  Part 3 (Ptri-Pri-hospital EMS)
When you receive a notification requesting you to first respond, the call will show as coming from 655-5322. This is a Saskatoon Health Region extension, not an M.D. Communications phone number.

Once you answer the phone, a recording will come on that says:

“This is the MD Communications Centre calling deliver a message; press any key to hear the message”

When you press that key, you are given the call location and details.

You can then Press 1 to replay the message or Press 2 to acknowledge a response.

By Pressing 2, you are telling the system you are responding to call and your name will be recorded as going. The call is now completed on your end.

If you cannot respond to the call, simply hang up. There is no option of pressing a number that says you cannot go to the call. If you have two contact numbers listed in the system ie: cell & home, your first option will be contacted first. If there is no answer at your 1st option, or you hang up on it, your 2nd option will be called next.

If you miss the calls and want to respond, there is a 15 minute window to call back (655-5322) and retrieve the information. You **DO** need your User ID to do this.

Once you say you are responding to the call, you cannot call back to the number in case you have forgotten the location/details. If you need further information, call M.D. Communications at (306) 975-8802 and we will assist you.

If you receive text messages regarding your calls, this is an outgoing message only. You cannot reply to the text message. If you are responding to the emergency, you still have to answer the phone call and reply accordingly. A lot of MFRs set up the Autodialer number with a different ring tone on their cell phones to help recognize that it’s a MFR call/text.