

Medical First Response (MFR) Portal Registration/Agency Update Form

This document describes the information collected from Medical First Response (MFR) agencies during the registration process on AlbertaMFR.ca. It serves as a guide to agencies filling out the required fields for enrolment in the AHS provincial MFR Program. If an agency is unable to access the online portal, information can be collected and submitted below, with the exception of Section 4.

Further descriptions can be referenced in the Portal Registration Help Guide for assistance with completing registration sections.

Section 1: Agency Information

Name of Agency/Organization:

Agency Type:

Fire Department	Industry Fire Department/Private Fire Service
Community Responder Group (<i>Nurse, Physician or Medical Professional</i>)	Law Enforcement
Corrections Department	Other
Educational Institution	

Station Address: City/Town:

Province: AB Postal Code:

County or MD

Mailing Address if Different from Station Address:

Daytime Telephone: Fax:

Email: Website:

Staffing Model

Full Time; # of Full Time Staff	Paid On Call; # of Paid On Call Staff
Part Time; # of Part Time Staff	Volunteer; # of Volunteers
Other:	Total # of Agency Staff

Estimated Population in Service Area:

What is the maximum level of service you intend to provide:

SFA FMR EMR PCP ACP

Approximately how many members are trained at each level?

SFA FMR EMR PCP ACP

Super Agency Information

Are you a member of a larger group of agencies such as a fire commission or a Regional Fire Service?

Yes No

If Yes, Please provide the name of the larger organization and the name of the primary contact person:

Address : _____

City / Town / Municipality:

Province: AB

Postal Code:

Main Telephone:

Fax Number:

Email:

Website:

Section 2: Medical Direction

Do you currently have a Medical Director?

Yes No

If Yes:

Who is your Medical Director?

License Number:

Address :

City / Town / Municipality:

Province: AB

Postal Code

Main Telephone:

Email:

Please provide us with some background information about your Medical Director including work history and any other relevant information

Section 3: Designated Dispatch Agency

Please provide details about your dispatch center

Dispatch Service Name:

Contact Name:

Alternate Contact Name:

Phone:

Alternate Phone:

Email:

Alternate Email:

Are you currently using the AFFRCS Radio System: Yes No

Which Ambulance Service(s) do you usually co-respond with:

Section 4: Response Plan Design

There are approximately 1400 medical response event codes. If unable to access the online portal to complete Section 4, the MFR program will work with the agency to provide assistance in defining the combination of event types that the agency is prepared to respond to. The agency has the option of defining, for each event code, whether to be auto dispatched or dispatched only when EMS travel time is further than X minutes away.

Section 5: Response Area Design

Please describe your response area or provide a map as an addendum if possible. Alternately, the portal provides an interface to Google maps to draw your response area or upload a .pdf file with details. To ensure the most accurate response borders, we recommend that an agency requests an export of their fire district in a GIS format from their administration (for example .shp file)

Section 6: Level of Service Bylaw / Policy

Please provide a copy of an approved policy or bylaw demonstrating acceptance from the agency's administration to participate in the program. The MFR program has written some Principles and Guidelines to assist the MFR agency in development of the document. It may be as simple as confirmation from administration in a bylaw or policy for the agency to provide medical first response. In most cases, existing language is sufficient. It is recommended that you contact your MFR program representative to decide whether a more detailed approval is required.

Principles of Bylaw/Policy Development for Medical First Response

- 1.To ensure key program elements are included in a bylaw/policy and that other necessary information is documented in an annex or similar
- 2.The municipality may consider including this approval as an amendment to the Fire Service bylaw if applicable.
- 3.The bylaw/policy document should be signed by a CAO or other senior level administrator for the organization.

Components of Bylaw/Policy for Approval

1. Statement of intent by organization to provide Medical First Response including the intended level of service (SFA, FMR, EMR, PCP, ACP)
2. Acceptance of medical direction
3. Agreement to follow Medical Control Protocols (MCP) according to their level of service as approved by the MFR Medical Directors
4. Agreement to complete and submit patient care reports as part of the Quality Assurance process
5. Secure the storage of this information in alignment with applicable legislation (FOIPP, HIA)
6. Acknowledgment of delegated MFR Dispatch Agency
7. Confirmation of response plan design and area including how many auto-dispatched and time-dependant events were selected.
8. Disclaimer of service capability: e.g. Services are provided within the capabilities of the agency, and requests for MFR participation may be declined due to resource unavailability, staff constraints, or other impediments preventing the timely response of an agency resource.

Please provide demographics of the CAO or other senior administrative official that has signed the approved policy/bylaw. Once all six sections have been completed, AHS will forward a copy of the completed registration details to the senior administrative official listed below.

CAO Name:

Title/Position:

Address:

City / Town / Municipality:

Province: AB

Postal Code:

Email:

Main Telephone:

Contact Details

These are the individuals which will be assigned as the primary point of contact for the MFR Team.

You may list as many individuals as required. These people will be "super users" for your agency and can include Chiefs, Deputy Chiefs, Other Officers, Medical Liaison, Training Officer etc

Primary Contact for MFR Purposes

Position/Rank/Title:

Phone number:

Email

Secondary Contact Person or People:

Please list their rank, contact number and email for each individual