

Introduction

Role of the Medical First Responder (MFR)

Scope of Practice

Medical First Response is intended to provide basic care and comfort to a patient or patients until the arrival of the Emergency Medical Services (EMS) or higher level of care. The Medical First Responder may provide medical care to an injured or ill person provided that the care follows the responder's level of training and/or licensure and the local community's administration supports that level of care.

Care Provider Definitions

Standard First Aid (SFA)

Standard First Aid includes completion of training recognized by the Government of Alberta Occupational Health & Safety at the Standard First Aid level. A list of approved courses can be found at: <https://www.alberta.ca/first-aid-training.aspx>

First Medical Responder (FMR)

A responder who has completed a recognized Advanced First Aid course or equivalent (80 hours of medical training with certification as defined by MFR Medical Directors) can perform the FMR skills included in the MFR MCPs, provided they are equipped to do so.

This scope of practice requires knowledge and skills maintenance with validation conducted by the agency or municipality. This may include but is not limited to; annual CPR certification, Advanced First Aid certification renewal and participation in medical training opportunities.

Emergency Medical Responder (EMR)

Practitioners must be registered with the Alberta College of Paramedics in order to use the protected title of EMR.

Health Professions Act

Medical First Responders who provide care as a regulated and licensed practitioner must follow the *Health Professions Act (HPA)* as legislation is enacted by the Government of Alberta to govern regulated emergency medical professions. The Acts are intended to protect the public by ensuring only competent, ethical professionals practice in the healthcare setting. Those responders not licensed by the Alberta College of Paramedics should provide care at the level of Standard First Aid, Advanced First Aid or equivalent.

In the case of the *HPA* all self-regulating professions are governed under one umbrella legislation with common processes for registration, ongoing competence, and discipline.

The Act increases flexibility in the provision of care through elimination of exclusive

scopes of practice and implementation of overlapping professional roles. *HPA* introduces restricted activities or health services that only qualified practitioners are authorized to perform. More than one regulated professional may be authorized to perform the same restricted activity. The Act allows the removal of regulatory barriers that limit interdisciplinary collaboration.

The practitioner must be diligent to follow the standard of care outlined by their professional regulation.

MFR Level of Service

Local decision making by municipal councils and administrators determines an agency's level of service and related scope of practice.

In consultation with industry stakeholders, the Alberta MFR Program's minimum level of service is Standard First Aid with CPR and AED training

The MFR program supports five levels of service:

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| 1. <i>Standard First Aid (SFA)</i> | } | <i>Alberta College of Paramedics
registration <u>is not</u> required</i> |
| 2. <i>First Medical Responder (FMR)</i> | | |
| 3. <i>Emergency Medical Responder (EMR)</i> | } | <i>Alberta College of Paramedics
registration is required</i> |
| 4. <i>Primary Care Paramedic (PCP)</i> | | |
| 5. <i>Advanced Care Paramedic (ACP)</i> | | |

Practitioner registration requirements are determined by the Alberta College of Paramedics (ACP); AHS and the MFR program have no involvement in these requirements.

Contact the MFR program for more information about scope of practice and level of service.

Confidentiality

Every attempt should be made to ensure that the patient's personal information is kept strictly confidential. Patient Care documentation should be restricted to only those responsible for the care of the patient and administration of records. By using the Patient Care Report – Medical First Response format provided by Alberta Health Services you are agreeing to conform to the following disclaimer:

“The information that you provide on this form is collected under the authority of Section 19 of the Alberta Health Information Act and Section 33 (c) of the Freedom of Information and Protection of Privacy Act. It may be shared with affiliates of Alberta Health Services and will be used for internal management purposes including, but not limited to quality assurance and auditing. Your personal information is protected by Alberta's Health Information Act and can be accessed on request. If you have any questions about the collection or use of this information contact your local EMS Service.”

Consent

The Medical First Responder should always obtain the consent of each patient they are treating, even if the patient(s) are the ones that activated your response. There are two general types of consent:

Expressed Consent

The patient provides you with verbal or other form of acknowledgement that they are alright with your assistance.

Implied Consent

The patient is unable to respond to your offer of assistance however is in obvious need of help (unconscious, choking, etc.).

Abandonment

Once care is started, the Medical First Responder is expected to continue this care until relieved by someone who has similar or higher training. Only if there is a direct danger to the rescuer should care be stopped without being relieved.

Negligence

The Court System of Canada describes negligence as performing a skill that is outside of a person's level of training or failing to act in what is known as “the reasonable person test”. This test dictates that your actions would be measured against that of what any reasonable person would do in a similar situation.

Scene Assessment

Determine the type of environment you are entering into and assess for dangers, access and egress. Ensure that hazards are assessed and controlled, look for the cause of the illness or injury, and note the number of patients involved.

Call for appropriate back up assistance dependant on the type of emergency call:

- Medical Emergency
- Traumatic Injuries
- Motor Vehicle Collisions
- Water Rescue
- Ice Rescue
- Hazardous Materials
- Fires
- Confined Spaces
- Other

Quality Patient Care Safety

Responders should always place safety as their first priority and enter an emergency scene only when safe to do so. Consider the following when deciding to help:

- Self – donning Personal Protective Equipment (PPE)
- Crew – ensuring everyone on the team is protected
- Patient – your involvement will not place them at further risk
- Public – provide a visual or verbal warning to everyone who may inadvertently enter the scene

Routine Practice

Applies to every patient contact and involves:

- Hand Hygiene (HH) at the point of care (POC)
 - Perform HH at POC during non-emergent events
 - During emergent events performing HH at POC may not be practicable, during these events sanitize your hands while gaining access to the patient and prior to donning gloves
 - Where available, soap and water must be used when hands are visibly soiled
 - Alcohol based hand rubs are the only approved products for sanitizing hands
- Using aseptic technique for all invasive procedures
- Cleaning and disinfecting commonly used medical equipment after each use and before being used on another patient
- Disposing of all sharps (needles) in the proper containers right away

- Disposing of both general and biomedical waste in the proper receptacle
- Use the appropriate Infection Prevention & Control (IPC) PPE after categorizing a suspected infection as contact, droplet, or airborne.

Mnemonics

BLS – Burns, Lacerations, Swelling

DCAP – Deformities, Contusions, Abrasions, Penetrations

DCAPP – Deformities, Contusions, Abrasions, Penetrations, Paradoxical motion

DRT – Distension, Rigidity, Tenderness

JVD – Jugular Vein Distension

PEARL – Pupils Equal And Reactive to Light

PMS – Pulses, Motor function, Sensation

TIC – Tenderness, Instability, Crepitation

EMS Pre-Arrival Care

Keep the following questions in mind when attending at a medical call while waiting for EMS to arrive:

- Type of call?
- Age and sex of patient?
- Location of the incident?
- Access and egress to the incident?
- How long ago did the incident occur?
- Any Medical First Responders or law enforcement personnel on the scene?
- Has an EMS unit been dispatched?
- Number of patients?
- What treatment or stabilization procedures will be required?
- What are the roles of each team member?
- Gather medical information – history, medications?
- Time dispatched?
- Take notes and be prepared to give a brief verbal summary of pertinent information to the EMS crew when they arrive.