



P.E.I. Firefighters Association
P.O. Box 1173
Charlottetown, P.E.I.
C1A 7M8

Revision Date : February 9, 2007

Criteria Guidelines joining the PEIFFA Medical First Responder Program

Background:

By becoming a member of the PEIFFA MFR program, your organization will receive an Island wide standard set of Medical First Responder protocols, and medical oversight. This is an optional program that your organization may join to complement any other systems you have in place. This is the initial launch of this program and we hope to have further development in the future relating training, equipment and funding.

When an application is received it is evaluated using a limited number of factors. The MFR Committee makes a recommendation for approval or denial, based on the MFR application.

There is an expectation that an MFR agency is available to respond to applicable calls 24 hours per day/7days per week in their coverage area.

Any questions pertaining to the program in general, are to be directed to the MFR Committee: PEI Fire Fighters Association. P.O. Box 1173, Charlottetown, PEI C1A.
All inquires on the program or medical protocols should be submitted through the MFR committee. Protocols application must be supported by applicable Medical First Responder training.

We would be happy to provide you further information or meet with your department upon request.

Medical First Responder Committee

Application

PEI Fire Fighters Association Medical First Responder

Agency Name _____

Address _____

Agency Emergency Call Number _____

Agency Non-Emergency Number _____

Date of Application _____

Agency Chief/Coordinator

Name _____

Telephone _____

Cellular _____

Fax _____

Email _____

Alternate Contact

Person # 1

Name _____

Telephone _____

Cellular _____

Fax _____

Email _____

Alternate Contact

Person # 2

Name _____

Telephone _____

Cellular _____

Fax _____

Email _____

Agency Profile

Estimated Population Covered by agency in first response area

<1,000

1,000 – 2,000

3,000 – 4,000

4,000 – 5,000

>5,000

Total # of MFR's Trained and/or Scheduled to be trained within 12 Months. _____

Total # of Active Members _____

Response Level Requested (Per Island EMS guidelines 1,2, or 3) _____

General Service Area (Please list all communities to which you respond in your service area – First Due District)

Please indicate which equipment you currently have.

- Automatic External Defibrillator - Manufacturer _____
- Oxygen Equipment
- EPI Pen
- Blood Pressure Measuring Equipment
- Diabetic Glucose test kit
- Other _____

Please return this application to:

*Medical First Responder Committee
P.O. Box 1173
Charlottetown, P.E.I.
C1A 7M8*

Fax # 902-892-0195

Name of Fire Chief / MFR coordinator _____

Signature of Fire Chief / MFR coordinator _____

Date _____

MFR Committee Review Date