




MFR PDN: MFR001.01	Title: MFR Standards of Practice	Type: Policy
Effective Date: November 25, 2025	Revision Date:	
Approval Date: November 25, 2025	Revision Date:	
Review Date: November 25, 2025	Revision Date:	
Replaces: 12014	Revision Date:	
Approved by: MFR Services Leadership Team	Signature of Program Document Coordinator. 	

1.0 Intent

To establish performance expectations for registered medical first responders (MFRs) when attending calls and interacting with patients, colleagues, and the public.

2.0 Policy Statements

- 2.1 MFRs are expected to be aware of and only to perform care within their scope of practice and as depicted in all relevant policies and procedures.
- 2.2 Providers who respond to a medical emergency as a member of an MFR agency are to act as an MFR on scene; the highest registered EHS provider of an attending ambulance crew has authority for patient management (ex: a Primary Care Paramedic (PCP) crew will have responsibility for patient management even though an Advanced Care Paramedic (ACP) may be attending the patient as an MFR).
- 2.3 MFRs are to be familiar with the donning and doffing procedures of appropriate personal protective equipment, whenever applicable.
- 2.4 It is the responsibility of MFRs to be aware of and comply with all regulations around patient care information as well as to ensure said documentation is accurate, legible and submitted to EHS MFR Services promptly.
- 2.5 MFRs are expected to wear their designated EHS MFR tag, as a method of identifying themselves as a part of the responding team, always.

3.0 Definitions

Patient care report (PCR): report created by attending EHS providers that documents a patient’s medical history, clinical assessment, treatments delivered, and/or transport outcome(s) while in EHS care.

EHS Provider: Any registered paramedic, nurse, physician, respiratory therapist, transport operator (TO), or emergency medical responder (EMR) employed or contracted by the Emergency Health Services (EHS) system in a position requiring direct provision of patient care.

4.0 Equipment: N/A

5.0 Procedures

5.1 MFRs attending a scene with multiple pre-hospital care providers:

5.1.1 Complete patient care according to MFR scope of practice

5.1.2 EHS providers acting as an MFR may provide assistance or take over responsibility for the management of the patient pending Advanced Life Saving (ALS) crew arrival/interception if requested by on scene EHS providers.

5.1.2.1 In the event a higher level EHS provider, acting as an MFR, takes over for the management of a patient, this EHS provider is to remain with this patient until able to transfer responsibility of care to an equal or higher level EHS provider.

5.2 Management of patient care information by MFRs:

5.2.1 Do not disclose any personal health information to third parties without the patient's expressed consent, in writing, or as required by a court order.

5.2.2 Forward all requests for patient care information in writing to:

*Director, EHS Provincial Programs
237 Brownlow Avenue, Suite 160
Dartmouth, NS B3B 2C5*

5.2.3 Forward all media information requests regarding calls or patients are to be forwarded to EHS via the Medical Communications Centre.

5.2.4 Keep completed PCRs in a secure area out of the public eye.

5.2.5 The MFR Agency Chief/MFR Coordinator/delegate is to send completed PCRs to the address given below according to (Appendix A)

*EHS MFR Services
239 Brownlow Avenue, Suite 300
Dartmouth, NS B3B 2B2*

5.2.6 Do not discuss a patient's personal health information in the presence of individuals not entitled to such information or in public spaces.

6.0 Related Documents: N/A

7.0 Policy History

- July 29, 2024: Consolidated MFR policies 12004, 12009, 12010, 12012, and 12014 into larger policy. Renumbered and reformatted the policy to align with current organizational practices.
- April 2, 2025: Created Appendix A

8.0 References: N/A

9.0 Appendices:

- Appendix A: PCR Submission
 - PCRs must be submitted within 7 days for all cardiac arrests and any medication administration (ASA, Epi-Pen, and Narcan)