



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**