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Role and Responsibilities

The First responder program has been designed to assist rural communities in an expeditious response of qualified emergency personnel for the citizens of their community in the event of an emergency.

The Registered Volunteer First Responder program is supported by Mamawetan Churchill River Health Region, La Ronge Emergency Medical Services and the First Responders.

The First Responder will

- Provide assessment and treatment in a professional and courteous manner to the ill or injured person consistent with the First Responder training at the direction of MCRHR EMS Coordinator and the Local EMS.
- Demonstrate their commitment as a First Responder by signing a Mutual Aide Agreement with Mamawetan Churchill River Health Region and the Local EMS Service.
- Maintain strict confidentiality of patients at all times.
- Drive with extreme caution and abide by all traffic laws when responding to an emergency call.
- Will not respond to calls under the influence of alcohol or drugs.
- Maintain necessary continuing education/re-certification required for Saskatchewan Health Registration
- Maintain active RVFR registration with Mamawetan Churchill River Health Region.
- Maintain current personal information (i.e. address and phone number) with their area First Responder Executive and First Responder Coordinator.
Kits and Supplies
A Minimum of 2 kits will be provided to each First Responder group by Mamawetan Churchill River Health Region. Kits will be placed into an area that is accessible to all First Responders.

The first responder group will be responsible for the purchase and maintenance of additional equipment not included on the kit contents list. All Equipment will be clearly labeled to identify the First Responder group. Maintenance of all equipment will be the responsibility of the First Responder group.

Disposable supplies, including Oxygen will be supplied by the local health care facility at no charge to the group. Empty oxygen cylinders must be exchanged for full cylinders when replenishing oxygen. First Responders will keep records of supplies taken from the local health care facility.
## Standard Equipment and Disposables

### Oxygen Bag

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Tank - <em>Exchange @ 500psi</em></td>
<td>psi</td>
</tr>
<tr>
<td>O2 Wrench</td>
<td>1</td>
</tr>
<tr>
<td>Pocket Mask</td>
<td>1</td>
</tr>
<tr>
<td>Adult Nasal Cannula</td>
<td>2</td>
</tr>
<tr>
<td>Adult NRB</td>
<td>2</td>
</tr>
<tr>
<td>Pediatric Simple Mask</td>
<td>2</td>
</tr>
<tr>
<td>O2 Tubing</td>
<td>1</td>
</tr>
<tr>
<td>OPA Set of 5</td>
<td></td>
</tr>
</tbody>
</table>

### Trauma Bag

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsterile Gloves</td>
<td>20</td>
</tr>
<tr>
<td>Safety Goggles</td>
<td>2</td>
</tr>
<tr>
<td>Masks</td>
<td>2</td>
</tr>
<tr>
<td>Isogel-Bottle</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol Preps</td>
<td>20</td>
</tr>
<tr>
<td>OBS Kit</td>
<td>1</td>
</tr>
<tr>
<td>Trauma Shears</td>
<td>1</td>
</tr>
<tr>
<td>Stethoscope</td>
<td>1</td>
</tr>
<tr>
<td>BP Cuff</td>
<td>1</td>
</tr>
<tr>
<td>Penlight</td>
<td>1</td>
</tr>
<tr>
<td>Thermometer</td>
<td>1</td>
</tr>
<tr>
<td>Thermometer Sheaths</td>
<td>10+</td>
</tr>
<tr>
<td>Tongue Depressors</td>
<td>6</td>
</tr>
<tr>
<td>Oral Glucose</td>
<td>2</td>
</tr>
<tr>
<td>Triangular Bandages</td>
<td>6</td>
</tr>
<tr>
<td>Kling/Roll Gauze</td>
<td>6</td>
</tr>
<tr>
<td>Large Trauma Dressing</td>
<td>2</td>
</tr>
<tr>
<td>ABD Dressing 5x9</td>
<td>2</td>
</tr>
<tr>
<td>Sterile 4x4's</td>
<td>20</td>
</tr>
<tr>
<td>Non allergenic Tape</td>
<td>2</td>
</tr>
<tr>
<td>500 ml Normal Saline</td>
<td>2</td>
</tr>
<tr>
<td>Silver Blanket</td>
<td>2</td>
</tr>
<tr>
<td>Hot Pack</td>
<td>2</td>
</tr>
<tr>
<td>Cold Pack</td>
<td>2</td>
</tr>
<tr>
<td>Glucometer</td>
<td>1</td>
</tr>
<tr>
<td>Glucometer Strips Bottle</td>
<td>1</td>
</tr>
<tr>
<td>SPO2 Moniter</td>
<td>1</td>
</tr>
<tr>
<td>V-Vac Suction</td>
<td>1</td>
</tr>
</tbody>
</table>

### Splints and C-Collars Bag

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Adjustable Collar</td>
<td>1</td>
</tr>
<tr>
<td>Adult Adjustable Collar</td>
<td>2</td>
</tr>
<tr>
<td>B-Splints Set of 10</td>
<td>1</td>
</tr>
<tr>
<td>AED</td>
<td>1</td>
</tr>
</tbody>
</table>

### Extrication/Spinal Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spine Board</td>
<td>1</td>
</tr>
<tr>
<td>Speed Clips</td>
<td>4</td>
</tr>
<tr>
<td>Head Blocks</td>
<td>2</td>
</tr>
</tbody>
</table>

### Other

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care Report Book</td>
<td>1</td>
</tr>
<tr>
<td>Refusal of Care Book</td>
<td>1</td>
</tr>
</tbody>
</table>
Communications

Parkland Communication Role

- Upon receiving a call for an ambulance, Parkland Communication Centre dispatcher will determine if a First Responder is required. Parkland Communication Centre will then call the First Responder team for the area.
- Parkland Communication Centre will identify themselves when calling the home of the First Responder to ensure the urgency of the call is made known.
- In the event that a First Responder team can’t be reached for response to an incident in their designated area, Parkland Communication Centre may then call the nearest First Responder team who have indicated their willingness to respond outside their designated area.
- The First Responder team will only be called if the dispatcher determines that it is a safe and controlled incident.

Call Out

Parkland Communication Centre will not activate First Responders in the following circumstances:

1. Any violent situations i.e. shooting/stabbing/assault where the scene is not secured by police,
2. Any potentially sensitive situation where there is no life threat i.e. sexual assault or terminal illness,
3. Minor situations that are under control based on the information received by dispatch,
4. When the caller requests no First Responders.

First Responder Role

1. Maintaining Current information:
   - Inform the First Responder Coordinator as soon as possible of any changes in your address, phone number(s), availability or other pertinent information.
   - To ensure records are accurately maintained and the dispatcher has up to date information in the event a First Responder is required in your area.

2. Communicating with Parkland Communication Centre or direct callers:
   - Speak clearly, calmly and confirm your response to the caller.
   - Always communicate in a professional manner.
   - Upon arrival at the scene contact Parkland Communication Centre to provide an update of the situation, and your time of arrival on scene.
   - Note: The ambulance crew on route may contact you for more information.
The First Responder groups are encouraged to develop a phone-fan out for internal group dispatch and for the purposes of disseminating information to all group members in an organized manner.

The first responder Team Leader will provide the local EMS Coordinator with the most current contact information for each of the first responders in that group.

First Responders will be contacted by Parkland Communications Centre and/or Outpost RN by telephone, with the exception of areas where paging is used. One attempt per first responder contact number will be attempted.

All First Responders will promote the use of 911 in their communities to initiate the EMS system. In the case where they are contacted directly by the patient of their family/friends they will immediately contact Parkland Communications prior to responding to the patient to ensure the immediate dispatch of EMS.

**Direct Requests for Assistance**

If you receive a call directly from someone in your area requesting assistance, you must immediately call Parkland Communication Centre before responding to the call. This enacts the EMS system to provide a continuum of care.

Be sure the following information from the initial caller and communicate it to Parkland Communication Centre including your name and qualifications:

- What has happened?
- Where the incident happened (provide specific directions)
- What is the phone number where that caller can be reached?
- Is the caller safe presently (i.e. if the call is being made by someone at a fire scene are they in a safe place making this call)?
- How many persons are involved (injured)?

**Note**: if at all possible keep the caller on line while contacting Parkland Communication Centre.
Responding to a Call
A First Responder will not respond to a call while under the influence of alcohol, illegal drugs or prescribed medications which affect or impair ability to drive, think, react, or perform in medical emergency response. If under the influence you must tell the dispatch center that you cannot respond!

Arrival on Scene
- Assess the scene for hazards and personal safety
- Assess the patient(s) and determine the number of patients
- If possible, personally call back to Parkland Communication Centre at 306-953-9800 with an update on the present situation and to receive further directions or assistance with treatment that may be required.
- The dispatcher may connect you with the P25 radio in the responding ambulance.
- Identify yourself at all times when responding as a First Responder and work cooperatively with other agencies (e.g. RCMP/Fire) to provide immediate care to the patient.
- Move a patient from the initial scene only if:
  - Further danger exists for yourself or the patient e.g. fire
  - Parkland Communication centre informs you to move the patient
A first responder will provide the care, staying within their scope of practice as a certified First Responder. Any care rendered other than this may place the First Responder in a serious medical liability situation.

Awaiting the Ambulance
- Gather the patient’s identification, health and hospital cards, and all medications presently taken.
- Prepare the family for arrival of the EMS crew, what to expect and ensure they are ready to go if accompanying the patient in the ambulance to the health facility. Dependent on the call it may or may not be appropriate for the family to accompany the patient (at the discretion of EMS crew)
- Gather any personal belongings that the patient wants to take to the health facility.
- Clear an area for the ambulance to arrive. Remove personal and private vehicles blocking access to the house, move any furniture so the stretcher can be brought in, clear snow from steps, put family pets away, turn on the front light so the house is visible.
- Have a family member watch for the ambulance from the window, and then flash the outside light on and off as the ambulance approaches.
- Send a family member to meet the ambulance at the edge of the driveway, turnoff or highway, (if in the rural area and the house is not visible from the road).
• Prepare your written report using forms provided.

**Arrival of the Ambulance**

• Identify yourself as a First Responder
• Provide a verbal report to ambulance personnel
• Submit a written report if it has been prepared.
• Provide assistance to ambulance staff as requested
• First Responders will not accompany EMS crew unless requested.
Transportation of Patients and Relinquishment of Patient Care

The role of the First Responder is to insure the proper transfer of care to the appropriately trained personnel. The First Responder is not responsible for the physical transportation of the patient.

Procedure:

- The First Responder will not, at any time, transport a patient.
- The First Responder will give a complete verbal report and a complete Patient care report form, if available, when patient care is transferred to the responding EMS.
- The First Responder may be asked to accompany the patient to the receiving facility with the EMS crew if an additional care provider is required to ensure an appropriate level of care is provided to the patient.
- In the presence of a physician or registered nurse on scene and they wish to assume responsibility for the care of the patient, their willingness to assume this responsibility must be documented on the First Responder patient care report form and their signatures must accompany this documentation on the form.
**Patient Care Report Forms**

All Mamawetan Churchill River Health Region First Responder Groups will document all calls on the First Responder Patient Care Report form.

Mamawetan Churchill River Health Region recognizes the importance of documentation of all First Responder call where a First Responder has been dispatched. The information on the forms allows Mamawetan Churchill River Health Region to ensure that quality and gather data for program evaluation and statistical gathering.

**Procedure:**

1) A patient care report form will be completed for all calls where patient contact is made whether cancelled after contact or the patient is transported by EMS.
2) The form will be signed by all First Responders who have rendered care;
3) The patient report form is a triplicate form. At no time will the forms be copied.
Training and Recertification
Mamawetan Churchill River Health Region will provide an approved First Responder Training program instructed by qualified instructors in areas where the need has been recognized by the Health Region. The training will be at no cost to the participant where they have committed to providing first response to their local community by being a member of the local First Responder group.

First Responder Training program participants must obtain the following certification to become a First Responder in the Mamawetan Churchill River Health Region:

- BLS-C within the past year
- Completion of a Saskatchewan Health Approved First Responder program; in the event that a candidate has completed a First Responder program outside of Saskatchewan, they must show competency to the Saskatchewan First Responder level

To maintain registration, the first responder must re-license with Saskatchewan Health every 2 Years. This can be accomplished through participation in the EMS Continuing Education Program.

First Responders for the Mamawetan Churchill River Health Region are required to complete the following modules in the two-year term to receive recertification.

- Patient Assessment
- Spinal Immobilization
- Mechanical Aids to Breathing
- CPR Level C (must be done annually)
- Medical Emergencies Review:
  - Respiratory Emergencies
  - Cardiac Care
  - Cerebrovascular Accidents (CVAs)
  - Diabetic Emergencies
- Trauma Emergencies Review:
  - Shock
  - Musculoskeletal Injuries
  - Head Trauma
  - Chest Trauma

These modules are the minimum required for recertification. First Responders are encouraged to attend the continuing education classes on a regular basis. The modules will be offered through the EMS continuing Education Program during the two-year registration term.

All First Responders must maintain licensure and maintain amount of training as set out by the Mamawetan Churchill River Health Region. Failure to maintain licensure will result in the removal from the active list of Mamawetan Churchill River Health Region First Responders.
It is the responsibility of the First Responder themselves to ensure that their Saskatchewan registration is maintained.
Termination of First Responder Status

If a First Responder no longer wishing to participate in the First Responder’s Program shall:

1. Notify the First Responder executive of your group, who in turn will notify First Responder Coordinator of the changes.
2. Return all First Responder Kits and equipment to the First Responder executive of the group.

First Responders whom for whatever reasons are unable to maintain their registration or continuing education requirements will be:

- Identified and contacted by their local first responder executive in attempt to facilitate additional required training.
- If the First responder continues to be unable to meet requirements, Mamawetan Churchill River Health Region will issue a letter to determine the wishes of the first responder to continue.
- If requirements for registration are then not attained, the person will no longer qualify for insurance or to volunteer as a First Responder in the Region, therefore shall be notified of removal from the Mamawetan Churchill River Health Region First Responder Registry.
Confidentiality
The First Responder will ensure strict patient confidentially at all times. At no time will a patient’s name, medical condition, or circumstances of the call be communicated to any unauthorized person including the media.

If the first responder is found to have breached the above, they will be removed immediately from the First Responder listing.

Confidentiality Agreement
I understand that, as an individual working for, affiliated with and/or providing services on behalf of Mamawetan Churchill River Health Region (MCRHR), I may have access to personal information, personal health information and other confidential information, including but not limited to health records, registration and appointment information, and employee records or disciplinary actions.

I understand that the individuals whom this information is about have a legal right to privacy. I also understand that I have legal obligations to maintain the confidentiality of the personal information and personal health information I have access to and to protect this right to privacy. These rights and obligations are legislated in The Health Information Protection Act and The Local Authority Freedom of Information and Protection of Privacy Act and others Acts and Regulations.

I will collect, use and access only the personal information and personal health information I need to know to perform my duties with MCRHR.

I will only share the personal information and personal health information to which I have access with others, both within and outside of MCRHR, as required to fulfill the primary purpose for which it was collected. When sharing information I will share only the minimum amount of information necessary and only with those who need to know that information. I will not share any personal information or personal health information without the consent of the individual or the legal right to do so, even with concerned friends, family or colleagues.

I will do all that I can to ensure the confidential information to which I have access remains confidential. This includes, but is not limited to: storing confidential information in locked and controlled access areas; saving files to the appropriate restricted access areas on MCRHR computers and servers; safeguarding and not sharing passwords, ID cards, keys and other items which grant access to confidential information, and; ensuring all computers, filing cabinets and offices are locked when unattended. I
understand that failing to safeguard confidential information, even if unintentional, is a violation of privacy and may warrant disciplinary action.

When my duties include disposing of personal information, personal health information or confidential information of any kind, I will destroy the information in a way that ensures it cannot be identified before or after disposal and in accordance with regional policy.

I understand that the personal information and personal health information I may collect, access, use or otherwise interact with through my affiliation with MCRHR is not mine and that my obligation to maintain the confidentiality of that information never expires. I agree that, should my affiliation with MCRHR end, I will return all files and information I may have in my possession to the region and will never disclose or share any knowledge of personal information or personal health information I have gained through my affiliation with MCRHR.

I will review and comply with MCRHR policies and procedures respecting privacy, confidentiality and security and be familiar with the legislation applicable to my duties with the region, as amended from time to time. I will maintain current knowledge of those policies and procedures relating to privacy, confidentiality and security and update my practices to ensure the best possible protection of the privacy of individuals.

I will participate in training and education opportunities made available to me regarding privacy and confidentiality. I will seek additional information or clarification when I am uncertain about any aspect of privacy or confidentiality, MCRHR policies and procedures relating to privacy or any other related matter.

I will report any and all suspected or known breaches of confidentiality or violations of privacy that I witness or am aware of, as well as risks of such occurrences. I will participate willingly and honestly in any and all privacy breach investigations. I understand that investigations of privacy breaches will emphasize finding ways to better protect personal information and personal health information and to prevent future breaches. I will contribute to, support and implement efforts to improve MCRHR’s protection of privacy.

I understand that unauthorized use or disclosure of personal information or personal health information may result in disciplinary action. Breach of confidentiality may result in discipline as per appropriate collective agreement up to and including termination of employment, reporting to the person’s professional regulating body or suspension of privileges. Contravention of *The Local Authority Freedom of Information and Protection of Privacy Act* may result in a fine to an individual of not more than $1000 and/or
imprisonment for not more than three months. Contravention of *The Health Information Protection Act* may result in a fine to an individual of not more than $50,000 and/or imprisonment for not more than one year.

By signing below, I agree and commit to maintaining the confidentiality of the personal information and personal health information I have access to through my affiliation with MCRHR. I understand that, although the policy and commitment may be reviewed, my commitment shall never expire following the initial agreement.

<table>
<thead>
<tr>
<th>Name of person signing statement (please print)</th>
<th>Title of position:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Responder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of person signing statement:</th>
<th>Date signed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administered by (Name of Supervisor or Manager):</th>
<th>Signature of Administrator:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Critical Incident Stress Debriefing
Mamawetan Churchill River Health Region is committed to providing and effected and coordinated approach to Critical Incident Stress Debriefing. A Critical incident being any situation faced by first responders that cause strong emotional reactions and has the potential to interfere with their ability to function in any facet of life.

Mamawetan Churchill River Health Region will provide Critical Incident Stress Debriefing when the need has been identified by a First Responder Group.

First Responder Groups will contact the Regional Emergency Preparedness Coordinator/EMS Coordinator with the request.
Mutual Aid Agreement

Between _______________ First Responders, Local EMS Service and Mamawetan Churchill River Health Region.

This agreement defines roles and responsibilities that will enable the participants to this agreement to deliver optimum emergency medical services to the public.

Registered Volunteer First Responders:

As a member of the ____________________________Registered Volunteer First Responder (RVFR) group, we agree to comply with the following conditions of the Region when acting in the role of First Responder:

- To maintain strict patient confidentiality as outlined in Mamawetan Churchill River Health Region Confidentiality Policy.
- To work cooperatively with the local EMS service and Mamawetan Churchill River Health Region, adhering to protocols, policies and guidelines outlined in the “Registered Volunteer First Responder Administration and Protocol Manual” relating to pre-hospital emergency medical care.
- To respond to the direction of Parkland communication centre.
- To provide medical aid within the scope of the First Responder Training.
- To abide by all traffic laws and drive with extreme caution when responding to an emergency.
- At no time shall a first responder respond to a call under the influence of alcohol, drugs or substances which may impair judgment.
- To attain and maintain the required education level to maintain active registration as a Registered Volunteer First Responder with Saskatchewan Health.
- To provide up to date registration information to the First Responder Coordinator whereby required to qualify for insurance and WCB coverage through the region.
- When a First Responder is no longer able or chooses not to volunteer as a First Responder, that member shall notify the First Responder executive of that group and return all equipment to that executive immediately on termination of First Responder Status.
Incident Reporting
When there is an incident that involves injury or damage to property of either the patient or responder it must be reported to the First Responder Coordinator. Complete the “Client Safety Report Form” in a timely manner. This form is available from the First Responder Coordinator.

SAFETY REPORT

Incident Type (circle all that apply): Employee Patient/Client Other
Risk Coding System: (check one only)

1. Negligible: No or minimal injury, no treatment or increase in monitoring required
2. Minor: Harm requiring first aid and/or short term monitoring
3. Moderate: Harm requiring professional/medical treatment, increased length of stay or level of care.
4. Major: Harm resulting in temporary loss of function or long term incapacity/disability.
5. Catastrophic: Irreversible complication or death

If Patient/Client Incident
Place patient sticker here or enter information
First and Last Name:
D.O.B.

Date of Incident: Time of Incident: Department/Location:

Notify:
Immediate Supervisor’s Name:
Physician’s Name (if applicable):

Type of Incident (check all that apply)

Good Catch/Near Miss Confidentiality/Privacy Breach
Injury (any type – describe below) Theft/Damage of Property
Absent Without Leave (AWOL) Supplies/Equipment
Medication Error Transportation
Tests/Treatment Conflict/Inappropriate Behaviour
Fall (with or without injury) Violent/Abusive/Aggressive Behaviour
Client Identification Error Hazardous Substance Spill (biohazard/chemical)
Infection Control (includes sharps) Moving, Lifting, Mobilizing or Transferring
Allergies/Sensitivities Other:

What Happened? Describe and include description of injury if applicable:

Why did it happen? Describe:

How can this incident be prevented from happening again? Describe:

Did your training help minimize the risk of injury in this situation? __Yes__ No __Other__
Comments:

WCB Follow-up: Required for Employee Incidents Only
Worker’s Compensation Forms (WCB) filled out? __Yes__ No
If no, why not:
If injury sustained, WCB forms must be completed and returned to your Supervisor/Manager within 24 hours.
Name of Reporter: Signature: Date:

(For Quality Assurance Only)

Revised July 2016

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Worker's Compensation Coverage

All registered First Responders are covered by WCB. When an injury occurs during an emergency call it must be reported immediately to the First Responder Coordinator.

The mission of the Worker's Compensation Board is to protect workers and employers against the result of work injuries. To do this WCB collects annual funds from employers, then uses the funds to compensate injured workers for expenses and loss of income. The goal of WCB is to return injured workers to a safe productive work environment as soon as medically possible.

Worker’s Compensation coverage provides:

- No fault insurance
- Universality
- Coverage of wage losses to a maximum level
- Full coverage of applicable medical costs
- Dependent benefits

This coverage then results in:

- Loss of right to sue the employer for damages.
Appendices

Contacts

Saskatchewan Emergency Treatment Protocols
Contacts

Mamawetan Churchill River Health Region (MCRHR)
Box 6000 - La Ronge, Saskatchewan - S0J 1L0
Phone: 306-425-2422
Main Fax: 306-425-5513

First Responder Coordinator
Phone: 306-425- 8561
Confidential Fax: 306-425-1236

Email: first.responder@mcrhealth.ca

Emergency Preparedness Coordinator/Regional EMS Coordinator
Phone: 306-425-8558
Confidential Fax: 306-425-1236

First Responder Web: http://www.mcrhealth.ca/first_responders.html

Saskatchewan Emergency Treatment Protocol Manual available for download from the Saskatchewan College of Paramedics:
http://www.collegeofparamedics.sk.ca/resources/protocolmanual.php