

1. Be diligent in meeting the family's information needs. Introduce the patient and the family to the health care professional receiving the patient and identify a transition team member to the family. Give the family the option to listen to your prehospital care report. Talk to the family before you leave and explain the outcome of your care with clear, honest dialogue. Say goodbye to the family.
- G. Be aware of cultural differences that can affect delivery of care.
 1. Cultural competency can positively affect patient care. Prehospital providers may come in contact with multi-cultural families with diverse health beliefs, customs and practices. Many of these practices include alternative remedies and treatment methods that may seem foreign. Recognizing and appropriately responding to these practices may impact care. Acknowledge unusual practices without judgment, discuss them with families at the scene, or during transport and report them on the patient report.
 2. Develop procedures to overcome language barriers and effectively communicate with culturally diverse segments of your community. Avoid using children as interpreters when possible; this is considered inappropriate in some cultures.

6.10 Physical Restraints

- A. Physical restraints prevent a confused, disoriented, intoxicated, violent, psychotic or suicidal patient from self injury or injury to others. It also provides a means of control in dealing with combative or destructive behavior.
- B. Inform the patient of the reason for restraint. Remember your own personal safety first.
- C. Restrain patients in a manner that does not impair circulation, cause choking or aspiration. **Do not restrain patients in the prone position (face down)**. Prone positioning while restrained may impair the patient's ability to breathe adequately. Patients have died as a result of being restrained and transported in the prone position. Obtain assistance from the police and other HFD personnel as needed to assist in patient restraint.
- D. As soon as possible, attempt to remove any potentially dangerous items (belts, sharp objects, etc.).
- E. Assess the patient's circulation (checking pulses in the feet and wrists) every 2 minutes, or as frequently as time permits, while the patient is restrained. If circulation is impaired, adjust or loosen restraints as needed. Document the presence of pulses in each extremity and the patient's ability to breathe after restraint is accomplished.
- F. Inform hospital personnel who assume responsibility for the patient's care of the reason for restraining the patient.
- G. Be prepared for unexpected regurgitation or vomiting. Have enough personnel to log roll or turn the restrained patient on their side. Additionally, have suction equipment ready for use in case the patient does vomit.
- H. If it is necessary to restrain a patient to protect the patient from injury, document the events leading to restraint in the HFD patient record. Patient care comes first, then document on the patient care record the method of restraint, the position of the restraints and the reason for restraining the patient.

6.11 Helicopter Utilization

The decision to request a medical helicopter is often complicated. Use the following guidelines to assist in that decision process:

- A. Helicopter transportation should be considered only when EMS personnel feel that the advantages of its use outweigh the disadvantages for a particular situation.
- B. Consider patients for air transport who are severely ill or injured such that the duration of transport time to the hospital is a major factor in the patient's outcome. Patients with severe trauma generally can only receive definitive treatment for their injuries at a Level I/II Trauma Center. Use