H. A complete history and physical exam will be conducted on every patient, unless specifically refused by the patient. Document in the patient care record any intended action that the patient refuses.
I. A brief description of why persons for whom 911 was activated do not meet the definition of a patient is required.

6.09 Family-Centered Care

A. Family-centered care is a systematic approach to building collaborative relationships between health care professionals and families that uses those relationships to assist in providing quality EMS care and promoting overall community health and safety.
B. It acknowledges and uses the family's knowledge of their family member's condition and their skills in communicating with and caring for their family member. It emphasizes the importance of keeping family members informed about their loved one's condition, prognosis, and treatment.
C. Prehospital family-centered care encourages family presence during procedures and embraces family-centered care principles during on-scene treatment, transport, and transition of care to in-hospital health care providers.
D. The goal of family-centered care is to achieve the best possible outcome for children, and all other patients, through a mutually beneficial collaboration of health care professionals and family members. Families desire to be kept informed, to have their questions answered and to participate in their loved one's care. They generally object to processes that make them feel helpless, uninformed or uninvolved. Patients generally want to feel assured that they are receiving the care and treatment they need and desire to be comforted and supported by their families during care. Meeting the family's needs can help reduce patient and family anxiety.
E. Guideline
    1. Identify a team member to interact with family members on each call. Let the family know who that person is, and when that person changes. Make eye contact when speaking. Identify yourself by name, and ask patients and family members how they would like to be addressed. Use courtesy titles (Mr. Mrs. etc.) and avoid slang terms.
    2. Communication should be consistent and constant throughout the incident. Explain equipment and procedures in clear, factual terms (what you're doing and why you are doing it), avoiding jargon and technical terms. Be aware of individual differences in ability to understand, but do not assume that family members cannot understand explanations. Watch for verbal and non-verbal cues from families about the amount of information they want and whether they understand what you are telling them. Know that it is acceptable to say "I don't know", but follow that answer with "we will do everything we can to reach the best possible outcome for your child."
    3. Acknowledge feelings, offer support (how can I help you?) and express empathy when appropriate. Allay guilt by calling attention to something the family has done right. Maintain a calm professional demeanor; avoid matching emotional responses from family members. Avoid confrontations with other health care providers in the presence of patients or family members.
    4. Provide family members with options whenever possible. Helping families to restore a sense of control can decrease patient and family member anxiety and combativeness.
    5. Allow a family member to accompany the patient in the ambulance when possible. Allow a family member to remain with the patient during transport (seat-belted securely) if possible.
    6. Use the family as a source of assistance to patient care by providing information (pertinent history, normal level of consciousness, special developmental concerns, dominant hand, best known IV site, etc.) and comfort (hold the patient's hand, reassuring the patient, singing a favorite song, comforting the patient during procedures, etc.).
F. Family Presence and Participation During Transfer of Care

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