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

the method of transportation that offers the least delay in delivering the patient to a Level I/II Trauma Center.

*Not all patients meeting Level I/II Trauma Center criteria need helicopter transport.

*Not all patients in need of helicopter transport meet Level I/II Trauma Center criteria.

C. If:

1. The transport time for a HFD ambulance to a Level I/II Trauma Center is estimated to exceed the time for a helicopter to be requested, respond, land, load and return to Memorial Hermann Hospital and,
2. The patient's medical condition necessitates rapid transport;

Contact OEC and request LifeFlight and an ETA. Continue to care for the patient and manage the situation as if HFD will transport the patient until it is confirmed that LifeFlight is available, responding and has provided an ETA. Estimate times (intervals) from request until patient delivery at Memorial Hermann Hospital for several area locations are listed in ***Table 6-1***.

D. Consider prolonged extrication time, remote scene location and poor ground access, traffic or weather conditions that prohibit ground transport and multiple casualty situations when deciding the transportation method. Sometimes helicopter transport is not available due to call volume or weather conditions. Continue to care for the patient and manage the scene with the expectation that HFD will provide transportation until it is confirmed that LifeFlight is responding.

E. **Notify an EMS Supervisor whenever LifeFlight is requested.**

Table 6-1 : Estimated LifeFlight Time from Request to Arrival At Hermann Hospital

(Time in Minutes)

SCENE	North Base	West Base	South Base	East Base	Hermann TMC
KingWood Med. Ctr.	33	43	41	35	36
West Houston Med. Ctr.	31	27	32	33	26
Methodist Sugarland	38	30	37	43	36
Clear Lake Reg. Med. Ctr.	44	40	27	32	34
East Houston Reg. Med. Ctr.	41	43	35	33	34

Incorporated in the times listed is a maximum lift-off time of seven minutes and an average ground time of eight minutes.

6.12 Hospital Destination Decisions - Emergency Ambulance Routing

A. Background

1. The choice of a hospital destination depends upon an understanding of the patient's chief complaint, the urgency of care needed, the specific care needed, hospital diversion status, EMS Resource status, and the patient's routine hospital of choice.

B. Emergency Ambulance Routing - *Reference* ***Table 6-2***

1. Prior to the patient's transport, the EMT or Paramedic in-charge of patient care **shall** contact the Base Station to determine the most appropriate transport decision.
2. A preferred destination will be determined in consultation with Base Station personnel taking into account issues such as the patient's condition and acuity, exacerbation of a pre-existing condition, time to appropriate care and the hospital's recent patient load.
3. Emergency Ambulance Routing does not alter the current transport guidelines for trauma, cardiac arrest, stroke, acute MI or seriously ill pediatric patients. These patients will be transported to facilities that are capable of handling the specialty care issues involved.
4. Patients who have an exacerbation of an existing medical problem should be transported to the hospital that regularly treats them for their condition. This will facilitate the treatment of their