

6.00 GUIDELINES

6.01 Fundamental Principles

A. The Holder Rule (as promoted by former Assistant Fire Chief Dennis Holder, HFD 1957-1995)
“Treat patients and their families as if they are a member of your own family.”

1. Consider that if this was your brother, mother, daughter, grandfather; what care you would want for them if you were not present.
2. Provide a compassionate, caring, friendly demeanor and use reassuring tones/words.
3. If tensions exist, strive to defuse them or find others (e.g. a supervisor) who can help.
4. Treat on-lookers and even interveners with respect.
5. Keep in mind that, as a firefighter, you provide a public service. Often, the greatest asset provided to the citizens you serve is your reassurance and caring.

B. The Rule of Public Trust

1. Houston Fire Department EMS professionals, under the authority of their state licensure, the endorsement of the department, and credentialing by the Medical Director, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to a patient’s personal property. These patients may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time. EMS professionals, therefore, are placed in a position of the highest public trust. The public, in need of out-of-hospital medical services, relies on firefighters, EMT’s, and paramedics to conduct themselves with the utmost professionalism and respect for persons at all times.

6.02 Ambulance Diversion

A. Ambulance Diversion Request Categories:

1. Emergency Department Saturation: Hospital emergency department resources (bed, equipment, and/or appropriately trained personnel) are fully committed and have no other resources for additional incoming critical or seriously ill patients and acceptance of any additional patients requiring advanced life support would seriously jeopardize the care of other patients in the emergency department.
2. ICU Saturation: Hospital intensive care resources are fully committed and have no other resources available for additional patients requiring intensive care. The emergency department can handle minor illnesses not likely to require ICU admission. Avoid bringing chest pain, difficulty breathing, elderly patients with abdominal pain, etc., to the hospitals on ICU saturation. ICU saturation refers to the hospital’s ability to care for seriously and critically ill medical patients. Trauma Center Hospitals on ICU saturation generally can still handle trauma patients.
3. Trauma Saturation (trauma centers only): Trauma resources are committed and the facility can not accept seriously injured patients because the trauma team is encumbered with trauma patients in the Operating Room, ED or CT scanner. When a Trauma Center hospital is requesting diversion, seriously injured patients should be taken to an alternative hospital. When all Trauma Centers of a specific level (e.g. Level I/II) are on diversion, choose hospital destination based on Base Station’s recommendation.
4. Internal Disaster: Hospitals cannot receive patients due to a physical plant breakdown (e.g. fire, bomb threat, power outage, etc.). For situations in which a hospital has advance knowledge that it will need to divert due to an Internal Disaster, hospitals have been asked to notify the Base Station, as well as EMS Command in advance.

B. CPR Cases: In situations of CPR (non-trauma) in progress, patients will be transported to the