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

closest facility regardless of diversion request with two exceptions:

1. The closest hospital is on diversion due to an internal disaster (i.e., power failure, bomb scare, etc.).
2. A second hospital (open) is nearly as close (i.e., the major medical center hospitals example: CPR in progress – 3 of 4 equally close hospitals are all open. One is closed due to ICU saturation – take the patient to one of the completely open hospitals).

C. During the process of contacting the Base Station for patient transport destination, the Base Station will notify the unit if the intended hospital is on diversion. Members will then discuss the hospital's request for diversion with the patient. The Base Station shall be updated on the final destination decision.

• Example of an unacceptable situation: The emergency transport of a sick patient to the patient's hospital of choice. Upon arrival at hospital X, the ED staff asks "Didn't you know we were on diversion?" and the EMS answer is "No, we did not know." Not knowing is not a defendable answer. Conversely, after reporting the emergency destination to Base Station and learning that the patient's hospital is on diversion and explaining the consequences to the patient and the patient chooses to proceed, then it is appropriate to take them to a hospital on diversion.

D. The diversion status of each hospital is available on the EMSystems website at the Base Station. Hospitals are responsible for updating their individual diversion status.

E. In the event the intended hospital destination has requested diversion (and that diversion request applies to the patient/condition) the member will advise the patient and agree on an "open" hospital, or provide the Base Station with a reason the patient will be transported to the original hospital destination requesting diversion.

F. HFD apparatus will honor diversion requests provided that:

1. The apparatus estimates that it can reach an "open" and appropriate medical facility within 15 minutes transport from the incident location. If there are no "open" facilities within this time frame, the apparatus will be directed to the most appropriate facility, regardless of its diversion status (exception: internal disaster).
2. The patient does not exhibit an uncontrolled problem in the field such as an unmanageable airway, or cardiopulmonary arrest with CPR in progress. Patients with these types of problems will be transported to the closest appropriate facility.
3. The patient is not suffering from an acute exacerbation of a chronic illness which is evaluated and managed by that particular hospital/hospital system which is on diversion.

6.03 Communication

A. Contact the Base Station (channel alpha-charlie 3) for <u>all</u> patient transports as part of emergency ambulance routing.

B. Inform the Base Station of the transport code for the patient.

1. <u>Priority 1</u> : Emergent transport, immediate life-threatening situation or CPR in progress. Base Station will contact hospital to give a verbal report.
2. <u>Priority 2</u> : Emergent transport, no CPR. Base Station will contact hospital to give a verbal report.
3. <u>Priority 3</u> : Non-emergent transport (no lights and sirens) of a stable patient. Base Station will not give verbal report to receiving hospital. If the patient would benefit from an advanced hospital notification, specifically request the Base Station personnel to inform the hospital.

C. All units who have contacted the Base Station and initiated a Form 1106 shall contact the Base Station and close out their Form 1106 before returning to service.

D. Any unit having problems or conflicts with communications shall contact an EMS Supervisor.

E. When communication with the Base Station fails or is not possible, firefighters are expected to provide care to the patient according to the patient's needs in accordance with fire department