

Family Centered-Care Sample Policy

Family presence during medical treatment, otherwise known as Family-Centered Care (FCC), has been a growing national initiative since the beginning of this millennium. For prehospital medical providers, multiple documents^{1,2} and guidelines³ have been published at a national level promoting the inclusion of a patient's family during EMS treatment and transport. The benefits of family-centered care are evidence-based and far reaching, and include fewer errors in medical treatment and medication administration, better patient medical history available to EMS providers, and a reduction in risk and liability complaints. Simply having a patient's family present and involved in their medical care can improve both medical outcomes and patient satisfaction.

We are pleased to provide the following sample policy to help EMS agencies develop a policy related to family centered-care. Please note that this document is meant to be a sample policy and is by no means to be considered complete or meant to be interpreted as legal advice. EMS agencies, in developing their policy, should consult with their legal counsel or local solicitor for legal advice.

Special thanks to St. Christopher's Hospital for Children, Philadelphia, PA, for their assistance in the development of this sample policy.

References

1. Johnson, B.H.; Thomas, J.; and Williams, K. (2001). Working with Families to Enhance Emergency Medical Services for Children. Washington, DC: Emergency Medical Services for Children (EMSC) National Resource Center.
2. Guzzetta, C.E.; Clark, A.P.; and Wright, J.L. (March 2006). [Family Presence in Emergency Medical Services for Children](#). Clinical Pediatric Emergency Medicine, 7(1), p. 15-24.
3. National Association of EMTs (2000). [Guidelines for Providing Family-Centered Prehospital Care](#). Washington, DC: National Association of EMTs.

Questions associated with this document should be directed to the Pennsylvania Emergency Health Services Council, EMS for Children Program by calling (717) 795-0740 or by emailing Tom Winkler at twinkler@pehsc.org

Sample Policy: Family Presence during Medical Treatment/Family-Centered Care

Purpose: This policy is designed to facilitate the involvement of the family in the medical care of the patient. Family-centered care has been proven to improve patient health outcomes and patient/family satisfaction with medical care, while simultaneously reducing medical errors and patient/family complaints about care provided. This policy provides guidance to EMS providers regarding family members that wish to be present/be transported with a patient encountered by EMS personnel. It is the general policy of [EMS agency] to permit a family member(s) to accompany a patient on a ground transport, provided that they adhere to the requirements of this policy.

Guidelines: For the purpose of this policy, the term “family” is defined as a relative of the patient or any person/significant other with whom the patient has an established relationship with. As each patient’s definition of family is different, no patient’s family, regardless of its composition, should be excluded from being with the patient during a medical emergency or time of crisis.

The following guidelines shall be adhered to, when situations allow:

1. The number of family members accompanying the patient is limited only to the number of available seats in the ambulance that are equipped with seatbelts. No family member is permitted to ride in the ambulance either unsecured or improperly secured, and any family members riding with the patient must remain properly secured at all times. This includes family members that are children that should be transported in a child safety seat.
2. Family members are encouraged to sit in the patient compartment of the ambulance, when space permits. This includes cardiac arrest patients, if space allows.
3. Family members must be made aware that return transportation will not be provided by [EMS agency] and that they will be responsible for arranging transportation from the receiving medical facility the patient is transported to.

At all times, the safety of the EMS provider is paramount. Adherence to these guidelines should NEVER threaten the safety of the EMS providers at the incident location or during transport to a receiving facility. While each situation is different, the following family members should not be transported with the patient:

1. A family member who is having an active medical condition or is physically unable to safely get into, sit in, or get out of the ambulance.
2. A family member who is exhibiting signs of violent behavior, loss of self-control or other mental health concern, evidence of alcohol or drug intoxication, or any other sign that the family member may be a threat to the safety of the EMS providers or patient.

Any of the above listed family members, or any other person that the EMS provider reasonably believes would not be appropriate to transport with the patient, may interfere with the safety of the EMS providers and the medical treatment of the patient and, therefore, should not be transported with the patient to the receiving facility.