BACKGROUND – FAMILY PRESENCE AND FAMILY MEMBER PASSENGERS

Since initial published experiences with family presence during resuscitation, the critical care and emergency medical literature has included a growing body of evidence supporting family-centered care and family member presence. Organizations including the American Academy of Pediatrics (AAP), the Emergency Nurses Association (ENA), and the American Heart Association have issued position statements and included educational components promoting family presence during care.

There are potential benefits to family member passengers during medical transport, particularly for pediatric transfers. Family member presence may have emotional benefits for the parent and child, enhance opportunities for history and consent, improve public and community relations, and facilitate the grieving process. Although the literature specifically cites such benefits for children and parents, they may be applicable to spouses and other family members as well.

PURPOSE – FAMILY MEMBER PASSENGERS

The medical transport community supports concepts of family-centered care and the option of family members passengers during medical transport. The standards of AAMS strive to promote excellence in care to maximize patient outcomes. The purpose of this position paper includes the following:

1. To establish guidelines for family-centered care and family member passengers during medical transport.

2. To establish guidelines for screening and determining the appropriateness of family member passengers with consideration to logistical, safety, and patient care needs.

3. To provide guidelines for components of a successful family member passenger program, including screening criteria and considerations for informed consent for family member passengers.
POSITION STATEMENT – FAMILY MEMBER PASSENGERS

FOR MEDICAL TRANSPORT MISSIONS, PRINCIPLES OF FAMILY-CENTERED CARE SHOULD BE ROUTINELY INCORPORATED AND FAMILY MEMBER PASSENGERS SHOULD BE CONSIDERED AN OPTION PROVIDED SPECIFIC CRITERIA ARE MET. FAMILY MEMBER PASSENGERS ARE ENCOURAGED FOR ALL MEDICAL TRANSPORTS REGARDLESS OF ANTICIPATED DURATION OR DISTANCE.

AAMS BELIEVES THAT FAMILY MEMBER PASSENGERS DURING MEDICAL TRANSPORT SHOULD INCLUDE THE FOLLOWING CONSIDERATIONS31-33:

1. STAFF EDUCATION

   A. TRAINING AS PART OF INITIAL ORIENTATION REGARDING EVIDENCE BASED LITERATURE ON PARENTAL PRESENCE AND THE BENEFIT TO PARENT AND PATIENT

   B. ONGOING TRAINING REGARDING PROGRAM POLICY AND IMPLEMENTATION INCLUDING EVALUATION OF INDIVIDUAL FAMILY NEEDS

2. FORMAL PROGRAM POLICY

   A. ADDRESS PROGRAM PHILOSOPHY ON FAMILY MEMBER PASSENGERS.

   B. PARENT/FAMILY MEMBER LOCATION IN VEHICLE (FLIGHT AND GROUND)

   C. PRESCREENING OR ASSESSMENT TOOL/PROCESS

   D. PROCEDURE FOR HANDLING INFORMATION SHARING WITH FAMILY

   E. HANDLING FAMILY MEMBERS DEEMED "INAPPROPRIATE" FOR INCLUSION, DEBRIEFING OF STAFF AND FAMILY

   F. BRIEFING OF FAMILY PRIOR TO TRANSPORT

   G. ADDRESS WHERE FAMILY MEMBER PASSENGERS SHOULD BE PLACED IN AIR AND GROUND VEHICLES

      1. ADDRESS FRONT PASSENGER SEAT VERSUS PATIENT COMPARTMENT OF GROUND VEHICLES

      2. ADDRESS COCKPIT VERSUS PATIENT COMPARTMENT OF AIR VEHICLES, PARTICULARLY WHEN DUAL CONTROLS ARE IN PLACE

      3. ADDRESS MEASURES TO MINIMIZE PILOT OR VEHICLE OPERATOR DISTRACTIONS OR INTERFERENCE
H. Policy should be developed in coordination with the aviation operational control authority or ground transport operational control authority responsible for the air or ground vehicle impacted by the policy.

   1. Consider regulatory, equipment, and insurance implications for aircraft or ground ambulance operator

I. PAIP should address how to handle communication with family members, etc.

3. Pre-transport screening

   A. Screening tool versus team choice

   B. Identification of family members allowed to accompany and what excludes participant (untreated injuries, pregnancy, intoxication, motion sickness, weight, minor children/adolescents, need for seat belt extenders, etc.)

   C. Briefing of family for safety concerns on what to expect

   D. Specific considerations for air versus ground transport

E. Policy statement and crew resources for FMP language barriers

   1. Formal policy addressing whether non-English speaking or hearing impaired passengers are permitted on transport vehicles.

   2. Options for interpreter services (certified interpreters at referring facility, telephone language line, multi-lingual crew members)

   3. Guidelines for briefing FMPs with language barriers and limited ability to communicate with crew (brief with interpreter at transport vehicle, use of hand signals/gestures, etc)

   4. Pre-printed briefing and/or emergency procedure materials for non-English or hearing impaired passengers

4. Informed consent

   A. A written informed consent or “release” for a family member passenger should be considered but is not necessary. Many programs have successfully integrated such forms into their FMP programs. The need for and content of informed consent for FMP should be guided by transport program legal counsel.
B. IDENTIFY WHAT INFORMATION IS TO BE VERBALLY COMMUNICATED TO FAMILY

C. ENSURE FAMILY MEMBER KNOWS RISK OF TRANSPORT METHOD AND RISK TO THEMSELVES

D. ENSURE FAMILY MEMBER KNOWS THEY ARE WELCOME TO COME (WHEN APPROPRIATE) BUT ALSO FEELS NO REPERCUSSIONS IF THEY CHOOSE TO TRAVEL SEP FROM PATIENT (IE FEAR OF FLIGHT, ETC.)

5. ATTENTION TO PRINCIPLES OF HIPAA AND ATTENTION TO PRIVACY OF HEALTH INFORMATION

A. IDENTIFY WHAT INFORMATION CAN BE SHARED WITH ACCOMPANYING PERSON (FAMILY VERSUS NOT FAMILY, ADULT PATIENTS VERSUS PEDIATRIC PATIENT WITH PARENT ON BOARD, WHAT IS SHARED VIA PHYSICIAN VERSUS TEAM)

6. PRE-TRANSPORT PASSENGER BRIEFING

A. SAFETY FOR TEAM AND FAMILY

B. IDENTIFY SPECIFIC ITEMS TO BE COVERED FOR SPECIFIC MODE OF TRANSPORT, ROTOR, FIXED WING, GROUND

C. LOCATION IN VEHICLE

D. HOW FAMILY MEMBERS CAN PARTICIPATE

E. SEATBELT REQUIREMENTS

F. ANTICIPATED DURATION OF TRANSPORT

G. SELF-CARE NEEDS OF PASSENGER, PARTICULARLY FOR LONGER TRANSPORTS

7. SAFETY CRITERIA

A. FORMAL TOOL FOR ALLOWING FAMILY MEMBER PASSENGERS VERSUS "TEAM IMPRESSION"

B. HOW TO IDENTIFY WHETHER FAMILY MEMBER IS APPROPRIATE TO TRAVEL WITH PATIENT (IE WEIGHT REQUIREMENTS ON FLIGHT, ABILITY TO COMMUNICATE WITH FAMILY MEMBER IN EMERGENCY {POTENTIAL LANGUAGE BARRIERS}, EMOTIONAL STATE OF FAMILY MEMBER, ABILITY TO TOLERATE MODE OF TRAVEL {IE CAR SICKNESS, AIR SICKNESS}
C. FOLLOWING THE PRINCIPLES OF GOOD CRM/AMRM, ALL CREW MEMBERS MUST AGREE THAT IT IS ALLOWABLE FOR THE FAMILY MEMBER TO RIDE ALONG BASED ON SPECIFIC FACTORS FOR THE FLIGHT. THESE FACTORS MAY INCLUDE PATIENT CONDITION, AIRCRAFT PERFORMANCE, FAMILY MEMBER EMOTIONAL STATE, WEATHER, ETC.

D. SECURITY ISSUES FOR AIR TRANSPORT AND TSA REQUIREMENTS.

   1. TSA IS REQUIRED OF ALL PART 121 FLIGHTS IN THE US. FOR AIRCRAFT OPERATING UNDER PART 135 OPERATIONS AND UNDER A MAX GROSS WEIGHT OF 12,000 POUNDS, TSA SCREENING IS NOT REQUIRED.

   2. AIRCRAFT OPERATIONS FALLING OUTSIDE OF THE PARAMETERS LISTED ABOVE (PART 121, MAX GROSS WEIGHT EXCEEDING 12,000 POUNDS) ARE MANDATED TO FOLLOW TSA REQUIREMENTS FOR PASSENGER SCREENING INCLUDING IDENTIFYING THAT PASSENGERS ARE NOT LISTED ON THE “DO NOT FLY” LIST.

8. POST-TRANSPORT DEBRIEFING

   A. DEBRIEFING FOR TEAM AND FAMILY MEMBER

   B. IDENTIFY WHETHER PROCESS WILL BE FORMAL OR INFORMAL

   C. WRITTEN OR VERBAL DEBRIEFING

   D. WHO IS INCLUDED AND WHO HANDLES DEBRIEF

   E. DETERMINING WHEN TO DEBRIEF {ALWAYS VERSUS ONLY WHEN REQUESTED, TIMEFRAME},

   F. HOW IS DEBRIEF INFORMATION USED

9. PI AND DATA COLLECTION

   A. TRACKING OF FREQUENCY OF FAMILY MEMBER PASSENGERS

   B. TRACKING OF OFFERING PRESENCE

   C. IF NO PRESENCE POSSIBLE - DOCUMENTATION OF RELATED FACTORS

   D. FOLLOW-UP FOR FAMILY MEMBERS/PATIENT WHEN ISSUES ARE IDENTIFIED

   E. FACTORS LIMITING ABILITY TO FACILITATE PRESENCE

DEFINITIONS
1. **FAMILY CENTERED CARE** — An approach to healthcare that recognizes the integral role of the family and encourages mutually beneficial collaboration among the patient, family, and healthcare professionals. It ensures the health and well-being of patients and their families through a respectful family-professional partnership.\(^{34}\)

2. **FAMILY MEMBER PRESENCE** — An approach to resuscitation and/or invasive procedures that permits a relative, guardian, or loved one to remain in the patient’s room and/or directly at the bedside instead of being required to leave the room during such circumstances.

3. **FAMILY MEMBER PASSENGERS** — A relative, legal guardian, or loved one with whom the patient shares an established or legal relationship who accompanies the patient in the transport vehicle during medical transport.\(^{35}\)

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