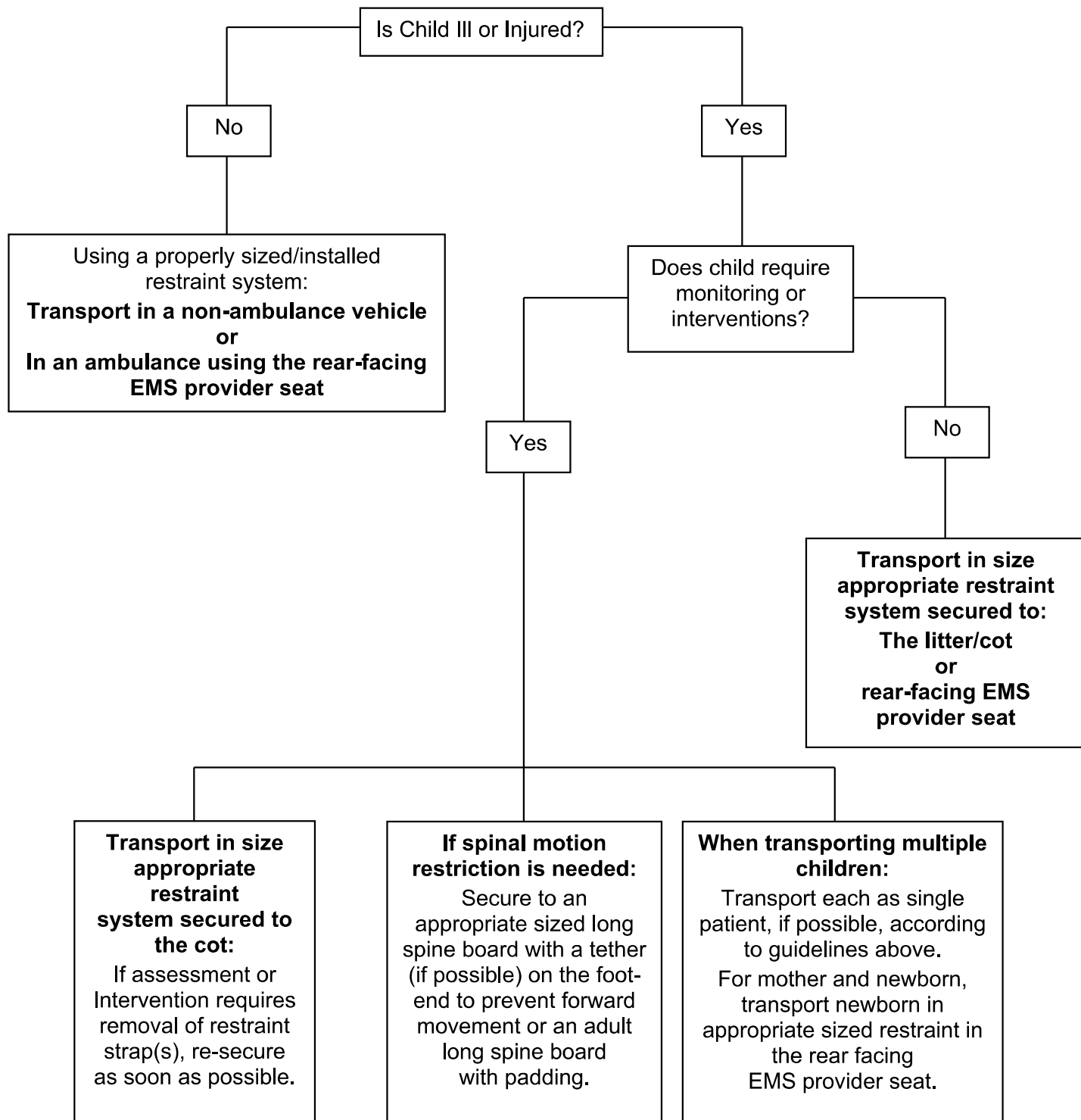


SAFE TRANSPORTATION OF CHILDREN IN GROUND AMBULANCES STATEWIDE BLS GUIDELINE



Use of Car Seats:

When possible, and with the exception of a minor vehicle crash (i.e. fender-bender), avoid transporting children in their own safety seats if the seat was involved in a motor vehicle crash. Use of the child's own seat can be considered if no other restraint systems are available and the seat shows no visible damage.

Transport of a child in any of the following ways is NEVER appropriate if:

- Unrestrained
- On parent/guardian's lap or held in their arms
- Using only the horizontal cot straps, if the child doesn't fit according to the manufacturer's specifications
- On the bench seat or a seat perpendicular to the vehicle's motion, i.e. seated sideways, even in a child safety seat

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Criteria:

- A. These guidelines apply to every EMS response resulting in the need to transport pediatric patients who are of an age/weight that require the use of a child safety seat from the scene of an emergency. Pediatric patients that do not require a child safety seat should be transported following the same procedure as adult patients.
- B. These guidelines offer recommendations, as published by NHTSA, for the transportation of children in five (5) different possible situations:
 - a. The transport of a child who is not injured or ill.
 - b. The transport of a child who is ill and/or injured and whose condition *does not* require continuous and/or intensive medical monitoring or intervention.
 - c. The transport of an ill or injured child who *does* require continuous and/or intensive monitoring or intervention.
 - d. The transport of a child whose condition requires spinal motion restriction and/or lying flat.
 - e. The transport of a child or children who require transport as part of a multiple patient transport (newborn with mother, multiple children, etc.).
- C. These guidelines do not offer recommendations on specific child restraint systems or products. Contact the EMS for Children Program (www.paemsc.org) for child restraint information.

System Requirements:

- A. These guidelines provide general information related to the safe transportation of children in ground ambulances from emergency scenes. These guidelines are designed to work in conjunction with an agency's policies and procedures on this topic and are dependent on the availability of specialized equipment suggested in these guidelines.
- B. These guidelines do not comprehensively cover all possible situations and EMS provider judgment should be used if a situation is presented that is not addressed below.

Policy:

- A. The child's age and weight shall be considered when determining an appropriate restraint system. Child seat models offer a wide range of age/weight limits, so each individual device must be evaluated to determine the appropriateness of use.
- B. When possible, and with the exception of a minor vehicle crash (e.g. "fender-bender"), avoid transporting children in their own safety seats if the seat was involved in a motor vehicle crash. Use of the child's own seat can be considered if no other restraint systems are available, and the seat shows no visible damage/defect.
- C. Transportation of a child in any of the following ways is NEVER appropriate:
 - a. Unrestrained.
 - b. On a parent/guardian/other caregiver's lap or held in their arms.
 - c. Using only horizontal stretcher straps, if the child does not fit according to cot manufacturer's specifications for proper restraint of patients.
 - d. On the multi-occupant bench seat or any seat perpendicular to the forward motion of the vehicle, even if the child is in a child safety seat.

D. Situation Guidelines:

*(*Ideal transport method is in **bold**, with acceptable alternatives listed if ideal is not achievable)*

- 1. Transport of an uninjured/not ill child
 - a. **Transport child in a vehicle other than a ground ambulance using a properly installed, size-appropriate child restraint system.**
 - b. Transport in a size-appropriate child seat properly installed on the rear-facing EMS provider's seat.

- c. Consider delaying the transport of the child (ensuring appropriate adult supervision) until additional vehicles are available without compromising other patients on the scene. Consult medical command if necessary.
2. Transport of an ill/injured child *not* requiring continuous intensive medical monitoring or interventions
 - a. **Transport child in a size-appropriate child restraint system secured appropriately on the cot.**
 - b. Transport child in the EMS provider's seat in a size-appropriate restraint system.
 - c. Transport child on the cot using three horizontal straps (chest, waist, knees) and one vertical restraint across each shoulder.
3. Transport of an ill/injured child whose condition requires continuous intensive monitoring or intervention.
 - a. **Transport child in a size-appropriate child restraint system secured appropriately to the cot.**
 - b. With the child's head at the top of the cot, secure the child to the cot with three horizontal straps and one vertical strap across each shoulder. If assessment/intervention requires the removing of restraint strap(s), restraints should be re-secured as quickly as possible.
4. Transport of an ill/injured child who requires spinal motion restriction or lying flat.
 - a. **Secure the child to a size-appropriate spine board (when appropriate) and secure the spine board to the cot, headfirst, with a tether at the foot (if possible) to prevent forward movement, and with three horizontal restraints (chest, waist, and knees) and a vertical restraint across each shoulder.**
 - b. Secure the child to a standard spine board with padding added as needed and secure using the strap configuration listed above.
5. Transport of a child or children requiring transport as part of a multiple patient transport (newborn with mother, multiple children, etc.).
 - a. **If possible, for multiple patients, transport each as a single patient according to the guidance provided for situations 1 through 4. For mother and newborn, transport the newborn in an approved size-appropriate restraint system in the rear-facing EMS provider seat with a belt-path that prevents both lateral and forward movement, leaving the cot for the mother.**
 - b. Consider the use of additional units to accomplish safe transport, remembering that non-patient children should be transported in non-EMS vehicles, if possible.
 - c. When available resources prevent meeting the criteria for situations 1 through 4 for all child patients, transport using space available in a non-emergency mode, exercising extreme caution and driving at a reduced speed.
 - d. **Note:** Even with childbirth in the field, it is NEVER appropriate to transport a child held in the parent/guardian/caregiver's arms or on a parent/guardian/caregiver's lap.
- E. Reference: Working Group Best-Practice Recommendations for the Safe Transportation of Children in Emergency Ground Ambulances. National Highway Traffic Safety Administration (NHTSA), September 2012, available at www.ems.gov