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| **YOUR LOGO HERE****Policies and Procedures**  |
| **PEDIATRIC TRANSPORT GUIDELINES** | Protocol # |
| Created: MM/DD/YYYY by who:  | Next Review: MM/DD?YYY |

 **PURPOSE:**

This policy is to establish guidelines to ensure the safe transport of pediatric patients from EMS incidents and/or hospital to hospital inter-facility transports. Guidelines are based on recommendations by the National Highway Traffic Safety Administration (NHTSA)[[1]](#footnote-1) regarding safe transportation of pediatric patients. These guidelines apply to every EMS response resulting in the need to transport a pediatric patient who is of an age/weight that require the use of a child safety seat.

**PROCEDURE:**

As published by NHTSA, these guidelines are recommendations for the transportation of children in five (5) different possible situations.

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|  | **Identifying the “Situations” for Transporting Children in Emergency Ground Ambulances** |
| Scenario | Description  |
| **1** | For a child who is uninjured/not ill  |
| **2** | For a child who is ill and/or injured and whose condition does not *require* continuous and/or intensive medical monitoring or interventions |
| **3** | For a child whose condition *requires* continuous and/or intensive medial monitoring and interventions  |
| **4** | For a child whose condition *requires* spinal immobilization and/or lying flat |
| **5** | For a child or children who *requires* transport as part of a multiple patient transport (newborn with mother, multiple children, etc.) |

1. **Transport of a child who is not injured or ill.**

1. **Ideal –> Transport using size-appropriate child restraint system in a vehicle other than a ground ambulance.**
2. Transport in a size appropriate child seat installed in the front passenger seat of the ambulance with the airbags off or in another forward-facing seat.
3. Transport in a size-appropriate child seat installed on the rear-facing EMS provider’s seat.
4. Consider delaying the transport of the child (ensuring appropriate adult supervision) until additional vehicles are available without compromising other patients on the scene.

\*\*Consult with Command if necessary.

1. **The transport of a child who is ill and/or injured and whose condition *does not* require continuous and/or intensive medical monitoring intervention.**
2. **Ideal –> Transport child in a size-appropriate child restraint system secured appropriately on the cot.**
3. Transport child in the EMS provider’s seat in a size-appropriate restraint system.
4. Transport the child on the cot using three horizontal straps (chest, waist, knees) and one vertical restraint across each shoulder.

**3**. **The transport of an ill or injured child who *require*s continuous and/or intensive monitoring**

1. **Ideal –> Transport the child in a size-appropriate restraint system secured appropriately on the cot.**
2. With the child’s head at the top of the cot, secure the child to cot with three (3) horizontal straps and one vertical strap across each shoulder. If the assessment/intervention(s) require removing the restrain strap(s), restraints should be re-secured as quickly as possible.

**4. Transport of an ill/injured child who requires spinal immobilization or lying flat.**

1. **Ideal –> Secure the child to a size-appropriate spine board and secure the spine board to the cot, head first, with a tether at the foot (if possible) to prevent forward movement. Secure the spine board to the cot with three horizontal restraints (chest, waist, and knees) and a vertical restraint across each shoulder**
2. Secure the child to a standard spine board with padding added as needed and securing 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.)**

1. **Ideal –> If possible, for multiple patients, transport each as a single patient according to the guidance provided for situations 1 through 4.**
2. **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.**
3. When available resources prevent meeting the criteria for situations 1 through 4 for all child patients, transport using space available in non-emergency mode (Code **\_\_**), exercising extreme caution and driving at a reduced speed.

***\*\*Consider the use of additional units to accomplish safe transport.***

\*\* In addition, the National Highway Traffic Safety Administration (NHTSA) and the U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA) document titled:

**“The Do’s and Don’ts of Transporting Children in an Ambulance”**

 *Provides additional guidance on how to most safely transport children in a ground ambulance.*

* Do tightly secure all monitoring devices and other equipment.
* Do ensure available restraint systems are used by EMTs and other occupants, including the patient.

* Do transport children who are not patients, properly restrained, in an alternate passenger vehicle whenever possible.
* Do not leave monitoring devices and other equipment unsecured in moving EMS vehicles.
* Do not allow parents, caregivers, EMTs or other passengers to be unrestrained during transport.
* Do not have the child/infant held in the parent, caregiver, or EMT’s arms or lap during transport.

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* Do not allow emergency vehicles to be operated by persons who have not completed the DOT NHTSA Emergency Vehicle Operating Course (EVOC), National Standard Curriculum, or its *equivalent.*

Under SD State Laws Codified Laws

* Passenger vehicle defined 32-38-2 – Emergency vehicles included <https://sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=32-38-2>
* Child passenger restraint system 32-37-1.1 <https://sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=32-37-1.1>

Other considerations for policies:

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| * Adopt evidence-based standards for safely transporting children in ambulances as they are

Developed and published by nationally recognized standards development organizations, Such as the Society of Automotive Engineers (SAE).* Promote the culture that safe ambulance transport of children will be considered as a

standard of care that will be equivalent to maintaining an open airway, adequate ventilation,and the maintenance of cardiovascular circulation.* Have appropriately-sized child restraint system(s) readily available on all ambulances for the safe

transport of children. * Crews will initially and recurrently be evaluated and trained on the correct use of child restraint

 systems:1. Device(s) should cover, at minimum, a weight range between five (5) and 99 pounds (2.3-45kg),

ideally supporting the safest transport for all persons of any age or size. 1. Follow the manufacturer’s recommendations for weight/size of the patient when selecting

the appropriate device for the specific child being transported.  |
| **RESTRAINT PRACTICES:*** Ensure all occupants of the ambulance, including EMS personnel are properly restrained

prior to the movement of the ambulance. * Ensure all pediatric patients ≤40 lbs. are restrained with an approved child restraint device

secured appropriately to the stretcher or captain’s chair. All children of “car seat” age mustbe secured in the ambulance.* Transport adults and children who are not patients in an alternate passenger vehicle by

ensuring they are properly restrained, whenever possible. * Only one passenger should accompany the patient in an ambulance as necessary.
* A family member of a child may be permitted to ride in the patient compartment if the

situation warrants, i.e., child is upset and family member can calm them. * Individual circumstances will dictate whether a child of an injured adult should be allowed

to ride in the patient compartment.* If it is a friend or relative ride-along is necessary, they shall sit in the front right seat and be

secured with a seat belt before the vehicle is placed in motion. |
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1. Best-Practice Recommendations for the Safe Transportation of Children in Emergency Ground Ambulances

 [https://www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf](%20https%3A/www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf) [↑](#footnote-ref-1)