
General Guidance for Transport Safety

- Make everything as safe as possible!
- ALL ambulance occupants should use seat belts and/or restraints all of the time.
- Maintain and clean neonatal and child restraint seats per manufacturer's instructions.
- Follow current pediatric standards for care of injured children.
- Carefully screen and select drivers.
- Include hands-on training in emergency ground ambulance operation.
- Monitor driving practices through use of technology and other means.
- Use principles of emergency medical dispatching to determine resource and response modalities.
- Reduce the unnecessary use of emergency lights and sirens (when transporting patients) when appropriate.
- Tightly secure all monitoring devices and other equipment.

Very little data are available to describe how children are transported in ambulances or how children being transported fare in ambulance-involved crashes. The *Best-Practice Recommendations* document looks at the best ways, given available research, to transport a child in five different situations.

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IDAHO EMS FOR CHILDREN

Erin Shumard, Program Specialist
PO Box 83720
Boise, ID 83720

Phone: 208-334-2124
E-mail: shumarde@dhw.idaho.gov

IDAHO EMS FOR CHILDREN

Working to improve the health and safety of young Idahoans

Safe Transportation of Children in Emergency Ground Ambulances



Based on the NHTSA document
*Working Group Best-Practice
Recommendations for the Safe
Transportation of Children in
Emergency Ground Ambulances*
published in September 2012

Purpose



The purpose of the *Working Group Best-Practice* document is to establish a guideline to give EMS providers a place to start as they try to safely transport children in ground ambulances.

Definition of child: whatever you or your agency considers to be a pediatric patient.

Goal of these recommendations: to prevent forward motion/ejection, secure the torso, and protect the head, neck, and spine of all children transported in emergency ground ambulances.

SITUATION 1

Child is not ill or injured (accompanying an ill or injured patient).

Transport the child in a vehicle other than an emergency ground ambulance using a size-appropriate child restraint system. Consult child restraint manufacturers' guidelines to determine optimal orientation for the child restraint depending on the age and size of the child.

SITUATION 2

Child is ill or injured and whose condition does not require continuous or intensive medical monitoring or interventions.

Transport the child in a size-appropriate child restraint system secured appropriately on the cot.

SITUATION 3

Child whose condition requires continuous or intensive medical monitoring or interventions.

Transport the child in a size-appropriate child restraint system secured appropriately on the cot.



SITUATION 4

Child whose condition requires spinal immobilization or lying flat.

Secure the child to a size-appropriate spineboard and secure the spineboard to the cot, head first, with a tether at the foot (if possible) to prevent forward movement. Secure the spineboard to the cot with three horizontal restraints across the torso (chest, waist, and knees) and a vertical restraint across each shoulder.



SITUATION 5

Child or children requiring transport as part of a multiple patient transport (newborn with mother or multiple patients).

If possible, for **multiple patients**, transport each as a single patient according to the guidance shown for Situations 1 through 4. Transport in a forward-facing captain's chair in a size-appropriate child restraint system.

For **mother and newborn**, transport the newborn in an approved size-appropriate child restraint system in the rear-facing captain's chair that



prevents both lateral and forward movement, leaving the cot for the mother. Use a convertible seat with a forward-facing belt path. Do not use a rear-facing-only seat in the rear-facing captain's chair. You may also use an integrated child restraint system.

A child passenger, especially a newborn, must never be transported in an adult's lap.

Newborns must always be transported in an appropriate child restraint system. Never allow anyone to hold a newborn during transport.