



## PATIENT TRANSPORT

23 VSA §1258 requires all children to be properly restrained when riding in a vehicle. An ill or injured child must be restrained in a manner that minimizes injury in an ambulance crash. The best location for transporting a pediatric patient is on the ambulance cot. The method of restraint will be determined by various circumstances including the child's medical condition and weight. Child passengers should never be transported in a side-facing orientation (i.e. on a bench seat or CPR chair).

1. Convertible car seat with two belt paths (front and back) with four points for belt attachment to the cot is considered best practice for pediatric patients who can tolerate a semi-upright position.

- Position safety seat on cot facing foot-end with backrest fully elevated to meet the back of the child safety seat.
- Secure safety seat with 2 pairs of belts at both forward and rear points of seat.
- Place shoulder straps of the harness through slots just below child's shoulders and fasten snugly to child.
- Follow manufacturer's guidelines regarding child's weight.



**Note:** Non-convertible safety seats cannot be secured safely to cot. If child's personal safety seat is not a convertible seat, it cannot be used on the cot.



2. Stretcher harness device with 5-point harness (examples: Ferno Pedi-Mate, SafeGuard Transport, ACR)
  - Attach securely to cot utilizing upper back strap behind cot and lower straps around cot's frame.
  - 5-point harness must rest snugly against child.
  - Adjust head portion of cot according to manufacturer's recommendation.
  - Follow manufacturer's guidelines regarding weight.

3. Car bed with both a front and rear belt path
  - For infants who cannot tolerate a semi-upright position or who must lie flat.
  - Position car bed so infant lies perpendicular to cot, keeping infant's head toward center of patient compartment.
  - Fully raise backrest and anchor car bed to cot with 2 belts, utilizing 4 loop straps supplied with car bed.
  - Only appropriate for infants from 5 – 20 lbs.



Policy Continues



# 8.12 Pediatric Transportation

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4. Child belted directly to backboard and/or cot in manner to prevent ramping or sliding in a front or rear end crash
  - Loop narrow belt under each arm and extend over child's shoulder securing belt at shoulder level so no gap exists above shoulder.
  - Use soft, sliding, or breakaway connector to hold shoulder straps together on chest.
  - Anchor 2 belts to non-sliding cot member and route over thighs and hips, not around waist.



5. Properly secure isolette and infant according to manufacturer's guidelines.
  - Rest harness securely on child with no blanket or sheet between harness and child.
  - Attach to isolette tray at four points.
  - Additional soft Velcro straps may be added for lateral security.
  - Blanket or towels may be used to provide stabilization of the head.

## NON-PATIENT TRANSPORT

Best practice is to transport well children in a vehicle other than the ambulance, whenever possible, for safety.

If no other vehicle is available and circumstances dictate that the ambulance must transport a well child, he/she may be transported in the following locations:

- Captain's chair in patient compartment using a size appropriate integrated seat or a convertible safety seat that is secured safely in relationship to the orientation of the captain's chair.
- Passenger seat of the driver's compartment if child is large enough (according to manufacturer's guidelines) to ride forward-facing in a child safety seat or booster seat. Airbag should be turned off. If the air bag can be deactivated, an infant, restrained in a rear-facing infant seat, may be placed in the passenger seat of the driver's compartment.

## USE OF PATIENT'S CHILD PASSENGER SAFETY SEAT AFTER INVOLVEMENT IN MOTOR VEHICLE CRASH

The patient's safety seat may be used to transport the child to the hospital after involvement in a minor crash if ALL of the following apply:

- It is a convertible seat with both front and rear belt paths.
- Visual inspection, including under movable seat padding, does not reveal cracks or deformation.
- Vehicle in which safety seat was installed was capable of being driven from the scene of the crash.
- Vehicle door nearest the child safety seat was undamaged.
- The air bags (if any) did not deploy.