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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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

IDAHO EMS FOR CHILDREN

Working to improve the health and safety of young Idahoans
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.