Safe Transportation of Children in Ambulances

Safe transportation of children in ambulances is very important. This protocol will serve as a guideline to the safe transportation of children in an ambulance. These are a limited set of circumstances that may not fit every situation.

Definitions:

1. Child Restraint System (CRS) is a device that is designed for child safety in any mode of transportation (e.g., vehicle, airplane, ambulance, etc.). This includes:
2. Vehicle CRS such as car seats that are used in personal vehicles (e.g., forward and rearward facing and booster seats
3. Ambulance Child Restraints (ACR) are a subset of CRS and are a specific type of child restraint system that is designed to be used in ambulances and on ambulance stretchers. ACR is not a brand name and devices that meet the definition of ACR and are approved by the MCA may be utilized.
    a. An ACR does NOT include car seats that were designed for use in personal vehicles.

Criteria for Transport

1. This protocol applies pediatric patients who are of a height/weight that require the use of a CRS.
2. Any pediatric patient that requires a CRS that is transported in an ambulance **must be in an ACR.**
    a. When not transported in an ACR, this must be documented as such and reported to the MCA.
3. This protocol is based on recommendations, as published by the National Highway Traffic Safety Administration (NHTSA), for the transportation of children in five possible situations:
    a. The transport of a non-patient pediatric passenger, accompanying an injured or ill patient
    b. The transport of a pediatric patient whose condition does *not* require continuous and/or intensive medical monitoring or intervention.
    c. The transport of a pediatric patient who *does* require continuous and/or intensive monitoring or intervention.
    d. The transport of a pediatric patient whose condition requires spinal motion restriction and/or lying flat, refer to **Spinal Precautions-Procedure Protocol**
    e. The transport of a pediatric patient who require transport as part of a multiple patient transport (newborn with mother, multiple children, etc.)

Procedure

1. **Transport patient on ambulance stretcher secured with an ACR.**
2. The child's height and weight will be considered when determining an appropriate ACR, following manufacturers recommendations.
3. When use of ACR is unavailable, unachievable or is detrimental see situational guidelines below, document as such and report to the MCA.

Situation Guidelines: Alternatives for consideration during catastrophic situations when ACR use is unavailable or unachievable (must be documented as such and reported to the MCA). Follow in order of operation until an achievable transport method is arrived at.

1. Transport of an uninjured/not ill child accompanying an injured or ill patient (in this order)
    a. Arrange for transport in a vehicle other than an emergency ground ambulance in a size-appropriate, properly installed, undamaged CRS.
    b. Request an ACR equipped transporting vehicle.
    c. Transport in an ambulance in the front passenger seat in a size-appropriate, properly installed, undamaged CRS. Airbags must off and seat moved to the furthest back position.
    d. Transport in an ambulance in a forward-facing EMS provider's seat/ captain's chair, in a size-appropriate, properly installed, undamaged CRS.
    e. Transport in an ambulance in rear-facing EMS provider's seat in a size-appropriate, properly installed, undamaged CRS.

2. Transport of an ill/injured child that does *not* require continuous intensive medical monitoring or interventions (in this order)
    a. Request an ACR equipped transporting vehicle if patient's condition allows.
    b. Transport the child in a size-appropriate undamaged CRS secured appropriately on ambulance stretcher.
    c. Transport in the forward-facing EMS provider's seat/ captain's chair, in a size-appropriate, properly installed, undamaged CRS.
    d. Transport in the rear-facing EMS provider's seat in a size-appropriate, properly installed, undamaged CRS.
    e. Secure the child to the ambulance stretcher, using three horizontal restraints across the child's chest, pelvis, and lower extremities and one vertical restraint across each of the child's shoulders. The ambulance stretcher should be positioned (subject to the manufacturer's specifications) to provide for the child's comfort based upon the child's injuries and/or illness and to allow for appropriate medical care.

3. Transport of an ill/injured child who *does* require continuous intensive monitoring or intervention.
    a. Request an ACR equipped transporting vehicle if patient's condition allows.
    b. Secure the child to the ambulance stretcher, using three horizontal restraints across the child's chest, pelvis, and lower extremities and one vertical restraint across each of the child's shoulders. The ambulance stretcher should be positioned (subject to the manufacturer's specifications) to provide for the child's comfort based upon the child's injuries and/or illness and to allow for appropriate medical care.

4. Transport of an ill/injured child who requires spinal motion restriction or lying flat.
    a. Request an ACR equipped transporting vehicle and follow **Spinal Precautions-Procedure Protocol**
    b. If the child is already secured to a spine board and it is detrimental to remove the child from the device, ensure padding is added as needed and secure to the ambulance stretcher (i.e., extrication prior to arrival of transporting ambulance). See **Spinal Precautions-Procedure Protocol.**

5. Transport of a child or children requiring transport as part of a multiple patient transport (newborn with mother, multiple children, etc.)
    a. Transport each as a single patient according to the guidance provided for situations 1 through 4. Use additional units to accomplish safe transport.
    b. For mother and newborn, both are considered patients.
        i. Prevent hypothermia of the newborn immediately and continuously.
        ii. Where the mother does not have complications arising from delivery, transport the newborn in an ACR on the ambulance stretcher and the mother in the rear-facing EMS provider seat.
        iii. Where the mother has complications resulting from delivery and is in need of positioning on the ambulance stretcher, transport the newborn in an approved size-appropriate car seat in the rear-facing EMS provider seat with a belt-path that prevents both lateral and forward movement under continuous monitoring, securing the mother to the ambulance stretcher.

Protocol Source/References: National Highway Traffic Safety Administration. (2012). Working group best-practice recommendations for the safe transportation of children in emergency ground ambulances. https://www.nasemso.org/Committees/STC/documents/NHTSA-Safe-Transportation-of-Children-in-Ambulances-2012.pdf