



BUREAU OF EMERGENCY MEDICAL SERVICES

EMS Information Bulletin 2011-003

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SUBJECT: Pediatric Transport Guidelines

TO: Pennsylvania Licensed Ambulance Services
Regional EMS Councils

FROM: Bureau of Emergency Medical Services
PA Department of Health
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To ensure the safe transport of pediatric patients, attached are the "Pediatric Transport Guidelines" which are based on recommendations by the National Highway Traffic Safety Administration (NHTSA) regarding safe transportation of pediatric patients. The "Pediatric Transport Guidelines" will be considered for inclusion in the next version of the Statewide EMS Protocols. Please share these Guidelines with your EMS personnel.

Attachment

PEDIATRIC TRANSPORT GUIDELINES

Criteria:

- A. These guidelines apply to every EMS response resulting in the need to transport pediatric patients who are of an age/weight that require the use of a child safety seat from the scene of an emergency.
- B. These guidelines offer recommendations, as published by NHTSA, for the transportation of children in five (5) different possible situations:
 1. The transport of a child who is not injured or ill.
 2. The transport of a child who is ill and/or injured and whose condition *does not* require continuous and/or intensive medical monitoring or intervention.
 3. The transport of an ill or injured child who *does* require continuous and/or intensive monitoring or intervention.
 4. The transport of a child whose condition requires spinal immobilization and/or lying flat.
 5. The transport of a child or children who require transport as part of a multiple patient transport (newborn with mother, multiple children, etc.)
- C. This guideline does not offer recommendations on specific child restraint systems or products.

System requirements:

1. These guidelines provide general information related to the safe transportation of children in ground ambulances from emergency scenes. These guidelines are designed to work in conjunction with an agency's policies and procedures on this topic and are dependent on the availability of specialized equipment suggested in these guidelines.
2. These guidelines do not comprehensively cover all possible situations and EMS practitioner judgment should be used if a situation is presented that is not addressed below.

Guideline:

- A. Transportation of child in a child restraint seat on the multi-occupant "bench seat" is not appropriate.
- B. The child's age and weight shall be considered when determining an appropriate restraint system. Child seat models offer a wide range of age/weight limits, so each individual device must be evaluated to determine the appropriateness of use.
- C. If possible, avoid transporting children in their own safety seats if the seat was involved in a motor vehicle crash. Use of the child's own seat can be considered if not other restraint systems are available and the seat shows no visible damage/defect.

PEDIATRIC TRANSPORT GUIDELINES

D. **Situation Guidelines:** (**ideal transport method is listed with acceptable alternatives*)

1. Transport of an uninjured/not ill child
 - a. **Ideal - Transport using a size-appropriate child restraint system in a vehicle other than a ground ambulance.**
 - b. 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.
 - c. Transport in a size-appropriate child seat installed on the rear-facing EMS provider's seat.
 - d. Consider delaying the transport of the child (ensuring appropriate adult supervision) until additional vehicles are available without compromising other patients on the scene. Consult medical command if necessary.
2. Transport of an ill/injured child *not* requiring continuous intensive medical monitoring or interventions
 - a. **Ideal - Transport child in a size-appropriate child restraint system secured appropriately on the cot.**
 - b. Transport child in the EMS provider's seat in a size-appropriate restraint system.
 - c. Transport the child on the cot using three horizontal straps (chest, waist, knees) and one vertical restraint across each shoulder.
3. Transport of an ill/injured child whose condition required continuous intensive monitoring or intervention.
 - a. **Ideal - Transport child in a size-appropriate restraint system secured appropriately to the cot.**
 - b. With the child's head at the top of the cot, secure the child to the cot with three horizontal straps and one vertical strap across each shoulder. If assessment/intervention requires the removing of restraint 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
 - a. **Ideal - Secure the child to a size-appropriate spine board 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 (chest, waist, and knees) and a vertical restraint across each shoulder.**
 - b. Secure the child to a standard spineboard with padding added as needed and secure 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.)
 - a. **Ideal - If possible, for multiple patients, transport each as a single patient according to the guidance provided for situations 1 through 4. 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.**
 - b. When available resources prevent meeting the criteria for situations 1 through 4 for all child patients, transport using space available in a non-emergency mode, exercising extreme caution and driving at a reduced speed. Consider the use of additional units to accomplish safe transport.