RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: June 15, 2016

Subject: Pediatric Safe Transport Device

VTR#: 0616-05   Committee/Task Force: EMS for Children

☐Recommended Goal   ☒Recommended Policy Change   ☐Other:

Recommendation:

The Department of Health should amend the required equipment list to include "the availability of a pediatric safe transport device. " This requirement would only apply to EMS vehicles capable of patient transport.

Rationale [Background]:

Pediatric safe transport remains a national priority for the EMS for Children Program. Pennsylvania EMSC has consistently supported safe transport of children in ambulances, beginning with the release of the *Dos and Don'ts* document in the early 2000s. In 2011, the federal Office of EMS released the *Working Group Best-Practice Recommendations for the Safe Transportation of Children in Emergency Ground Ambulances* document that was immediately adapted and released as Information Bulletin 2011-003. The Information Bulletin has now been incorporated into the Pennsylvania Statewide BLS Protocols as Guideline 124.

The 2013-2014 National EMS Reassessment, administered by the National EMS for Children Data Analysis Resource Center, found that 231/262, or 88%, of Pennsylvania EMS agencies surveyed carry some form of pediatric safe transport device. Additionally, all transport-capable EMS agencies involved in the Pediatric Voluntary Recognition Program are required to have a pediatric safe transport device available as part of their participation in the program. The specific language of the PVRP states "The availability of age/size-appropriate pediatric restraint device/system. This device/system does not have to be present on the EMS vehicle but must be available for use at the EMS agency and the EMS agency must have an established plan in place to ensure access to this device/system, if the EMS agency operates licensed vehicle(s) capable of patient transport."

One of the overarching priorities of the Bureau of EMS is patient and provider safety. Keeping pediatric patients safe in the ambulance requires that they be transported in a size and age appropriate device as they are not large enough to be safely secured to the ambulance litter with the straps alone. Additionally, unsecured patients, especially pediatric patients, can become projectiles during a crash or hard braking incident, which could result in injury or death to the patient as well as to the EMS provider.

Fiscal Concerns:

According to the reassessment, most EMS agencies already carry some form of pediatric safe transport device, so the overall financial costs to the system should be minimal. While there are financial costs associated with purchasing pediatric safe transport devices, these devices are easily attainable from a wide variety of sources and do not have to meet any federal specifications related to car seats.

Medical Review [Concerns]:
No concerns.

Educational Concerns:
While there are no system education needs, individual EMS agencies should plan to educate their providers about the specific device(s) that they use. Information should include proper placement on the litter, weight/size limitations, and proper securing methods.

Plan of Implementation:
The EMS for Children Program stands ready to assist EMS agencies and the Department to implement this requirement. While the EMSC Program cannot recommend a specific product, EMSC can provide information related to products currently on the market for EMS agencies to consider.

The EMSC Committee offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The EMSC Committee specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee discussions.

Board Meeting Comments/Concerns:
No discussion, approved unanimously.

Signed:_____   Date_____
                            President

_____

For PEHSC Use Only – PA Department of Health Response

Accept:____   Table:____   Modify:____   Reject:____

Comments:

Date of Department Response:_____