

GUARDIAN MEDICAL TRANSPORT POLICY

Number:

GMT 150.8 Page 1 of 1

Date of Origin:

March 19, 2019

SUBJECT:

ADHS SAFE TRANSPORT OF CHILDREN

Guardian Medical Transport (GMT) will maintain Premier Emergency Medical Service Program (PEAP) recognition status as an ambulance agency through the Arizona Department Health Services Bureau of Emergency Medical Services and Trauma Systems (ADHS BEMS TS). The PEAP was established in 2009 as an EMS patient care performance improvement (PI) initiative by the Bureau of EMS and Trauma System (Bureau) within the Arizona Department of Health Services (ADHS). The PEAP is administered by the Bureau's Services and Development Section. EMS agency participation is voluntary. The Goal of PEAP is "To further improve patient outcomes in Arizona through implementing evidence-based, highly coordinated and standardized prehospital care".

ADHS requires that all Premier agencies who are CON holders must have a policy in compliance with the National Association of State EMS Officials (NASEMSO) Safe Transport of Children by EMS: Interim Guidance dated March 8, 2017.

GMT will utilize the following guidelines in the safe transport of children:

- 1. GMT will adopt evidence-based standards for safely transporting children in ambulances as they are developed and published by nationally recognized standards development organizations, such as the Society for Automotive Engineers (SAE).
- GMT will promote the culture that safe ambulance transport of children will be considered as a standard of care for our EMS system that will be equivalent to maintaining an open airway, adequate ventilation, and the maintenance of cardiovascular circulation.
- 3. GMT will take immediate actions to improve pediatric safety in ambulances by assessing safety opportunities and developing policies and procedures that ensure:
 - a. Methods, training (initial and continual), and equipment to secure children during transport in a way that reduces both forward motion and possible ejection. The primary focus should be to secure the torso, and provide support for the head, neck, and spine of the child, as indicated by the patient's condition.
 - Considerations for the varied situations that a child who needs transport to a
 hospital or other point of care may present to the EMS professional. These
 include, but may not be limited to:
 - i. a child who is uninjured/not ill.
 - ii. a child who is ill/injured, but requiring no intensive interventions or monitoring.

- iii. a child who is ill/injured and requiring intensive interventions or monitoring.
- iv. a child who requires spinal immobilization or supine transport.
- v. transporting multiple children.
- c. Prohibiting children from being transported unrestrained, e.g. held in arms or lap.
- d. Provision for securing all equipment during a transport where a child is an occupant of the vehicle, with mounting systems tested in accordance with the requirements of SAE J3043.
- e. Only use child restraint devices in the position for which they are designed and tested
- 4. GMT have appropriately-sized child restraint system(s) readily available on all ambulances for the safe transport of children. Crews will be initially and recurrently evaluated and trained on the correct use of the child restraint systems:
 - a. The device(s) should cover, at minimum, a weight range of between five (5) and 99 pounds (2.3 45 kg), ideally supporting the safest transport possible for all persons of any age or size.
 - b. Only the manufacturer's recommendations for the weight/size of the patient should be considered when selecting the appropriate device for the specific child being transported.
- 5. GMT will adhere to any ADHS BEMS TS guidelines that are evidence-based standards that may be developed and implemented, including, but not limited to:
 - a. Encouraging and supporting EMS transport agencies to implement cost effective solutions to mitigate risk while transporting children in ambulances; and
 - b. Working with other state EMS officials to create uniform approaches and policy language, including, but not limited to a network of information relating to ambulance crash-related injuries.

Procedure for the safe transport of children at GMT:

Safe Driving Practices:

- 500.1- Emergency Vehicle Driving Operations Policy
- 500.2- Emergency Vehicle Driving Operations Procedure
- 500.3- Cell Phone Use & Distracted Driving Policy

Equipment Check Practices:

Ensure all Stryker Power Pro gurneys receive routine preventative maintenance and are in fully operational condition with chest harness straps, lap strap, and leg straps. The equipment should be properly cleaned prior to use.

Ensure all Stryker PowerLoad systems receive routine preventative maintenance and are in fully operational condition and properly secure the Stryker Power pro gurney. The equipment should be properly cleaned prior to use.

Ensure that all medical equipment, oxygen tanks and supplies are secured prior to movement of the vehicle so that they do not become projectiles during driving conditions or in the event of a vehicle collision. The equipment should be properly cleaned prior to use.

Ensure all child restraint devices are maintained and are in fully operational condition. The equipment should be properly cleaned prior to use.

Restraint Practices:

Ensure that all occupants of the ambulance, including EMS personnel, are properly restrained prior to movement of the ambulance.

Ensure that all pediatric patient less than 40 lbs are restrained with an approved child restraint device secured appropriately to the stretcher or captain's chair. All children of "car seat" age must be secured in the ambulance in a car seat or a PediMate.

Transport adults and children who are not patients, properly restrained, in an alternate passenger vehicle, whenever possible.

Do not allow parents, caregivers, or other passengers to be unrestrained during transport. NEVER attempt to hold or allow the parents or caregivers to hold the child during transport.

When it is necessary for a friend or relative to be a passenger in the ambulance, they shall sit in the front right seat and be secured with a seat belt before the vehicle is placed in motion.

Only one passenger should accompany the patient in the ambulance, unless necessary.

A family member of a child may be permitted to ride in the patient compartment if the situation warrants, i.e., the child is upset and the family member is able to calm them. Individual circumstances will dictate whether the child of an injured adult should be allowed to ride in the patient compartment.

If there are more children needing transport with an injured adult than car seats available, contact dispatch or fire alarm as appropriate for additional response to transport children.

Pedi-Mate Procedure:

(Designed for children from 10-40 lbs. (4.5-18 kg))

Attachment to the Ambulance Cot

- 1. Raise the stretcher's backrest to an angle between 15 and 45 degrees.
- Remove the harness restraints attached to the cot or secure them behind the backrest of the stretcher. If secured behind the backrest, ensure harness is buckled and does not impede the ability to lower the backrest.
- 3. Unroll the device and extend the backrest straps and mainframe straps.
- 4. Position device on the stretcher with the black backrest strap at the point where the patient's shoulders are anticipated to rest.
- 5. Fasten the black backrest straps around the stretcher's backrest.
- 6. Fasten the mainframe straps around the stretcher's mainframe.
- 7. Ensure tightness of each strap (mainframe and backrest) while maintaining device in center of stretcher.

Securing the Patient

- 1. Unbuckle straps in preparation for the patient.
- 2. Position patient in center of device with patient's back flat against the back of the device and bottom at cot and device's fold.

- 3. Thread patient's arms through the shoulder straps.
- 4. Pull the crotch strap buckle up between the patient's legs.
- 5. Fasten the shoulder straps into the crotch strap buckle.
- 6. Thread the shoulder strap on the patient's left side through the chest clip and slide the chest clip to patient's armpit level.
- 7. To snug the shoulder/torso straps, refer to illustration and use the following procedure.
 - a. Snug the shoulder strap.
 - b. Repeat with the other shoulder strap.
 - c. Snug the torso strap.
 - d. Repeat with the other torso strap.
 - e. Snug the crotch strap by pulling on the free end.

Traditional Car Seat

(Refer to weight and height parameters on the manufacturer's car seat label)

Attachment to the Ambulance Cot

- 1. Elevate the cot backrest to a 45-degree angle.
- 2. Remove the shoulder harness restraints attached to the cot or secure them behind the backrest of the stretcher.
- 3. Prior to positioning car seat on ambulance cot, ensure car seat's shoulder straps come from slot closest to patient's shoulder height. It may be difficult to adjust the seat's shoulder straps once placed on the stretcher.
- 4. Position car seat on ambulance cot. Adjust cot backrest to be flush with the back of the car seat.
- 5. Thread stretcher chest strap through the forward-facing belt path and buckle.
- 6. Thread stretcher leg strap through the rear facing belt path and buckle.
- 7. Ensure tightness of both straps while maintaining device in center of stretcher. Car seat should not move more than 1" in any direction.

Securing the Patient

- 1. Unbuckle straps in preparation for the patient.
- 2. Position the patient in center of device with patient's back flat against the back of the device.
- 3. Thread patient's arms through the shoulder straps.
- 4. Fasten the shoulder straps into the crotch strap buckle.
- 5. Fasten chest clip and slide to the patient's armpit level.
- 6. Pull harness straps snug on patient until no excess strap can be pinched.

Guardian Safety Seat

(Designed for children from 23 to 85 lbs. (10.5 to 38.6 kg))

Steps to Prepare Seat and Secure the Patient:

- 1. Pull down adult back panel to expose the child safety seat.
- 2. Unbuckle straps in preparation for the patient.
- 3. Position patient in center of device with the patient's back flat against the back of the device.
- 4. Thread patient's arms through the shoulder straps.
- 5. Fasten the shoulder straps into the crotch strap buckle.
- 6. Fasten shoulder harness chest clips and slide to the patient's armpit level.
- 7. Tighten shoulder harness straps snugly on the patient until no excess strap can be

pinched.

8. Adjust yellow clips so shoulder harness straps rest snugly at the top of the patient's shoulders.

Guardian Safety Car Seat

(Designed for infants from 5 to 22 lbs. (2.3 to 10 kg))

Steps to Prepare Seat and Secure the Patient:

- 1. Pull down adult back panel to expose the child safety seat.
- 2. Unbuckle child safety seat straps, secure in arm rest slots and pull down child back panel.
- 3. Release and remove seat cushion assembly. Store alongside seat in seat retaining holster and secure with safety strap.
- 4. Release yellow interlock safety bar and deploy infant seat. Ensure seat locks into place.
- 5. Unbuckle straps in preparation for the patient.
- 6. Position patient in center of device with patient's back flat against the back of the device.
- 7. Thread patient's arms through the shoulder straps.
- 8. Fasten the shoulder straps into the crotch strap buckle.
- 9. Fasten chest clip and slide to the patient's armpit level.
- 1. Please refer to the manufacturer's guidelines for complete installation instructions and additional information on product storage and maintenance.
- 10. Pull the adjustment strap to adjust shoulder harness straps height on the patient.
- 11. Ensure the shoulder harness straps are snug on patient and no excess strap can be pinched.

Stryker Power Pro Gurney

Securing the Patient

- 1. Unbuckle straps in preparation for the patient.
- 2. Position patient in center of device with patient's back flat against the back of the device.
- 3. Fasten and tighten the stretcher shoulder harnesses and chest strap.
- 4. Fasten and tighten the stretcher waist strap.
- 5. Fasten and tighten the stretcher leg strap.

Employees in violation of this policy, and in accordance with the NAH Corrective Action Policy, are subject to corrective action up to and including termination.

References:

2018 PEAP Handbook approved by EMS Council 9-27-18

2018 PEAP Application

PEAP Power Point Presentation

NASEMSO Safe Transport of Children by EMS: Interim Guidance

https://nasemso.org/wp-content/uploads/Safe Transport Reference Card V2BMaryland.pdf

Maryland Reference for safe transport of Children in ambulances

APPROVED BY: Vince Martinez, Director

Review Date: n/a

Revision Date: n/a