



Tempe Fire Medical Rescue Policies and Procedures

Pediatric Transport Guidelines

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PURPOSE

The purpose of this policy is to establish guidelines to ensure the safe transport of pediatric patients from EMS incidents. These guidelines are based on recommendations by the National Highway Traffic Safety Administration (NHTSA) regarding safe transportation of pediatric patients. These guidelines apply to every EMS response resulting in the need to transport a pediatric patient who is of an age/weight that would require the use of a child safety seat.

PROCEDURE

As published by NHTSA, these guidelines are recommendations 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 scenario. (newborn with mother, multiple children, etc.)

1. Transport of a child who is not injured or ill.

- a. **Ideal – Transport using 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 with Command if necessary.

2. The transport of a child who is ill and/or injured and whose condition *does not* require continuous and/or intensive medical monitoring intervention.

- 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. The transport of an ill or injured child who *does* require continuous and/or intensive monitoring or intervention.

- a. **Ideal – Transport the 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 the 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 spine board to the cot, head first, with a tether at the foot (if possible) to prevent forward movement. Secure the spine board 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 spine board with padding added as needed and securing 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 non-emergency mode (Code 2), exercising extreme caution and driving at a reduced speed. Consider the use of additional units to accomplish safe transport.

In addition, the National Highway Traffic Safety Administration (NHTSA) and the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) document titled "The Do's and Don'ts of Transporting Children in an Ambulance" provides additional guidance on how to most safely transport children in a ground ambulance.

Do tightly secure all monitoring devices and other equipment.

Do ensure available restraint systems are used by EMTs and other occupants, including the patient.

Do transport children who are not patients, properly restrained, in an alternate passenger vehicle whenever possible.

Do not leave monitoring devices and other equipment unsecured in moving EMS vehicles.

Do not allow parents, caregivers, EMTs or other passengers to be unrestrained during transport.

Do not have the child/infant held in the parent, caregiver, or EMT's arms or lap during transport.

Do not allow emergency vehicles to be operated by persons who have not completed the DOT NHTSA Emergency Vehicle Operating Course (EVOC), National Standard Curriculum, or its equivalent.