

Pediatric Transportation

PEARLS

These guidelines apply to transporting pediatric patients who are of an age/weight that require a child safety seat. Pediatric patients that don't require a child safety seat should be transported following adult guidelines.

Maine Statute 29-A M.R.S. §2081(2) & (3) requires all children weighing less than 80 pounds, less than 57 inches in height and less than 8 years old to be properly restrained in a child safety seat when riding in a vehicle. Children between 40 and 80 pounds AND less than 8 years of age must be properly secured in a child restraint system in accordance with the child restraint system manufacturer's recommendations. An ill or injured child must be restrained in a manner that minimizes injury in an ambulance crash. The best location for transporting a pediatric patient is secured directly to the ambulance cot. Never allow anyone to hold an infant or child during transport.

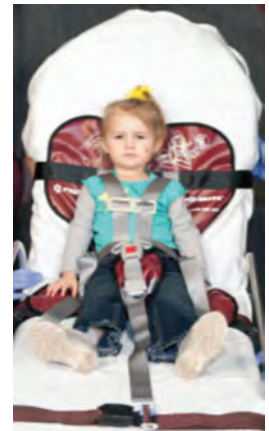
TYPES OF RESTRAINTS:

1. Convertible (traditional) car seat with two belt paths (front and back) with four points for belt attachment to the cot is considered best practice for pediatric patients who can tolerate a semi-upright position.
 - a. Position safety seat on cot facing foot-end with backrest elevated to meet back of child safety seat.
 - b. Secure safety seat with 2 pairs of belts at both forward and rear points of seat.
 - c. Place shoulder straps of the harness through slots just below child's shoulders and fasten snugly to child.
 - d. Follow manufacturer's guidelines regarding child's weight.



Note: Non-convertible safety seats cannot be secured safely to cot. If child's personal safety seat is not a convertible seat, it cannot be used on the cot.

2. Stretcher harness device with 5-point harness (examples: Ferno Pedi-Mate, SafeGuard Transport, ACR)
 - a. Attach securely to cot utilizing upper back strap behind cot and lower straps around cot's frame.
 - b. 5-point harness must rest snugly against child. Secure belt at child's shoulder level so no gaps exist above shoulders.
 - c. Adjust head portion of cot according to manufacturer's recommendation.
 - d. Follow manufacturer guidelines for weight ratings.



Examples	Weight Range
Ferno Pedi-Mate	10-40 pounds
Ferno Pedi-Mate Plus	10-100 pounds
Quantum ACR4	4-99 pounds

3. Car bed with both a front and rear belt path (example: Dream Ride Infant Car Bed)
 - a. For infants who cannot tolerate a semi-upright position or who must lie flat.
 - b. Position car bed so infant lies perpendicular to cot, keeping infant's head toward center of patient compartment.
 - c. Fully raise backrest and anchor car bed to cot with 2 belts, utilizing the 4 attachment sites supplied with car bed.
 - d. Only appropriate for infants from 5 – 20 lbs.



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4. Isolette/Incubator must be secured to ambulance according to manufacturer's guidelines.
 - a. Secure infant using manufacturer's restraint. (Five-point harness restraint is preferred.)
 - b. Blankets or towels may be used for additional stabilization

NON-PATIENT TRANSPORT

Best practice is to transport well children in a vehicle other than the ambulance, whenever possible, for safety.

If no other vehicle is available and circumstances dictate that the ambulance must transport a well child, he/she may be transported in the following locations:

1. Captain's chair in patient compartment using a size appropriate integrated seat or a convertible safety seat.
2. Passenger seat of the driver's compartment if child is large enough (according to manufacturer's guidelines) to ride forward-facing in a child safety seat or booster seat. Airbag should be turned off. If the air bag can be deactivated, an infant, restrained in a rear-facing infant seat, may be placed in the passenger seat of the driver's compartment.



USE OF PATIENT'S CHILD SAFETY SEAT AFTER INVOLVEMENT IN MOTOR VEHICLE CRASH

The patient's safety seat may be used to transport child to the hospital after involvement in a minor crash if ALL of the following apply:

1. It is a convertible seat with both front and rear belt paths.
2. Visual inspection, including under movable seat padding, does not reveal cracks or deformation.
3. Vehicle in which safety seat was installed was capable of being driven from the scene of the crash.
4. Vehicle door nearest the child safety seat was undamaged.
5. The air bags (if any) did not deploy.

MOTHER AND NEWBORN TRANSPORT

1. Secure and transport mother on the cot.
2. Consider transporting mother and newborn in separate ambulances to properly secure each patient to a cot.
3. Transport newborn secured to the rear-facing provider seat /captain's chair using a size-appropriate child restraint system. Either a convertible safety seat with a forward-facing belt path or an integrated child restraint system certified by the manufacturer to meet FMVSS No. 213 may be used to secure infant.
4. Do NOT use a rear-facing only safety seat in the rear-facing provider seat / captain's chair as this is dangerous and may lead to significant injuries.