



## PATIENT TRANSPORT

NH RSA 265:107-a requires all children be properly restrained when riding in a vehicle. Any child who fits on a length-based resuscitation tape must be properly restrained in a safety seat or harness.

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. It is not acceptable, under any circumstance, to transport a pediatric patient in the arms of an adult. It is recommended that agencies develop standard operating procedure/policy for pediatric transport that reflects their ambulance configurations and specific pediatric transport equipment/devices.

### TYPES OF RESTRAINTS:

1. Convertible 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.

- Position safety seat on cot facing foot-end with backrest elevated to meet back of child safety seat.
- Secure safety seat with 2 pairs of belts at both forward and rear points of seat.
- Place shoulder straps of the harness through slots just below child's shoulders and fasten snugly to child.
- 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

Restraint device (marketed to EMS) with 5-point harness (examples: Ferno Pedi-Mate, SafeGuard Transport, ACR)

- Attach securely to cot utilizing upper back strap behind cot and lower straps around cot's frame.
- 5-point harness must rest snugly against child. Secure belt at child's shoulder level so no gaps exists above shoulders.
- Adjust head portion of cot according to manufacturer's recommendation.
- Pedi-mate fits children weighing 10 – 40 lbs. SafeGuard Transport fits children weighing 22 – 100 lbs.

Follow manufacturer's guidelines regarding weight.





# 8.13

# PEDIATRIC TRANSPORTATION

Policy Continued

### 3. Car bed with both a front and rear belt path (example: Cosco Dream Ride SE)

- For infants who cannot tolerate a semi-upright position or who must lie flat.
- Position car bed so infant lies perpendicular to cot, keeping infant's head toward center of patient compartment.
- Fully raise backrest and anchor car bed to cot with 2 belts, utilizing the 4 attachment sites supplied with car bed.
- Only appropriate for infants from 5 – 20 lbs.



### 4. Isolette/Incubator must be secured to ambulance according to manufacture's guidelines.

- Secure infant using manufacturer's restraint. (Five point harness restraint is preferred.)
- Blankets or towels may be used for additional stabilization

## MOTHER AND NEWBORN TRANSPORT

- It is not acceptable, under any circumstance to transport a pediatric patient in the arms of an adult.
- Secure and transport mother on the cot.
  - If mother and newborn are both stable and a commercial device is available to fasten newborn to mom (examples: Aegis, Kangooifix) follow manufacturer's guidelines.
  - If mother and/or newborn are not stable or commercial device is not available, best practice is to request two ambulances; transporting each in their own ambulance.
  - If a second ambulance is not available, transport stable newborn secured to the rear-facing provider seat /captain's chair using a size-appropriate child restraint system, infant should be facing the rear of the ambulance. 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.
  - 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.
  - Special attention should be paid to the high risk of hypothermia in newborns

## 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:

- 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.
- Captain's chair in patient compartment using a size appropriate integrated seat or a convertible safety seat.

## 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 hospital after involvement in a minor crash if ALL of the following apply:

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