



PATIENT TRANSPORT

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 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.

- Follow manufacturer's guidelines regarding appropriate patient weight for device and use of product including securement to stretcher
- 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.



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. For list of devices available see [National Association of State EMS Official's Pediatric Transport Products for Ground Ambulances](#).

- Follow manufacturer's guidelines regarding appropriate patient weight for device and use of product including securement to stretcher
- Harness must rest snugly against child with shoulder straps at or just below child's shoulder.

3. Car bed with both a front and rear belt path

- Follow manufacturer's guidelines regarding appropriate patient weight for device and use of product including securement to stretcher
- 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.

Follow manufacturer's guidelines regarding weight and use of product including securement to cot



Policy Continues



← Policy Continued

4. Isolette/Incubator must be secured to ambulance according to manufacture's guidelines. Follow manufacturer's guidelines regarding appropriate patient weight for device and use of product including securement to stretcher
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- 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.