PEDIATRIC PATIENT TRANSPORTS

PURPOSE
To provide guidance regarding the safe transport of the pediatric patient in an ambulance

GENERAL INFORMATION
- Under normal circumstances, transportation of a child in any of the following ways is not permissible:
  - Unrestrained
  - On a parent/caregiver’s lap or held in their arms
  - Using only horizontal stretcher straps if the child cannot be properly restrained according to the stretcher manufacturer’s specifications for proper restraint of patients
  - On the bench seat or any seat perpendicular to the forward motion of the vehicle
- “Car seat” refers to a size appropriate car seat which has rear and/or forward facing belt paths and which has been secured appropriately.
- “CRS” refers to a child restraint system designed specifically for ambulance stretcher use and which has been properly secured.

POLICY
- The child’s age and weight shall be considered when utilizing an appropriate restraint system.
- Use of child’s own carseat can be considered for the following (children <2yrs must be rear facing):
  - No other restraint systems are available
  - Minor vehicle crash (ie: “fender bender”)
- The child shall be secured by the harness within the seat at all times. Whenever possible, procedures should be performed around the harness straps.
- Transportation of a child who is not a patient:
  - Consider delaying transport until additional vehicles are available if it will not compromise other patient care or transport.
  - Preferred: Transport child in a vehicle other than an ambulance using a car seat.
  - Alternative: Transport child using a car seat in the front passenger seat of the ambulance with the airbags off OR transport in a car seat properly installed onto or built into rear-facing EMS provider captain’s chair
- Transportation of a child requiring monitoring or interventions
  - Preferred: Transport using a CRS
  - Alternative: With the child’s head at the top of the stretcher, secure the child to the stretcher with three horizontal straps and one vertical strap across each shoulder.
- Transportation of a child who requires cervical spinal immobilization, spinal motion restriction, or lying flat:
  - Preferred: Use CRS. When appropriate, use cervical collar and secure child to stretcher.
- Transportation of a child or children requiring transport as part of a multiple patient transport (newborn with mother, multiple children, etc):
  - Preferred: If possible, transport each as a single child according to guidance above. Additional resources may be necessary.
  - Preferred for mother and newborn: Transport the newborn in a car seat properly installed onto or built into the rear-facing EMS provider captain’s chair, facing the rear of the ambulance. Even with childbirth in the field, make every attempt to transport the infant in a car seat or CRS.
  - Alternative for mother and newborn: Transport the newborn in a CRS secured appropriately to stretcher. Transport mother in rear-facing EMS provider captain’s chair if mother is medically stable. Consider the use of additional units to accomplish safe transport

RELATED POLICIES/PROCEDURES
Spinal Motion Restriction (SMR) GPC 13
Pediatric Transportation Flowchart